

**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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer Ms. Emily Buchanan

Signature of Treasurer

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Women Speak Out PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 07 / 01 / 2014

To:

 M M / D D / Y Y Y Y Y
 07 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		1842.48
(b) Cash on Hand at Beginning of Reporting Period.....	105259.18	
(c) Total Receipts (from Line 19)	499251.72	1016057.56
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	604510.9	1017900.04
7. Total Disbursements (from Line 31)	396889.92	810279.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	207620.98	207620.98
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Women Speak Out PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y
07 / 01 / 2014

To:

M M / D D / Y Y Y Y
07 / 31 / 2014
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).....

496679.72

999129.72

(ii) Unitemized

2572

16927.84

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

499251.72

1016057.56

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0

0

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

499251.72

1016057.56

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0

0

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

499251.72

1016057.56

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

499251.72

1016057.56

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	265815.04	469523.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	265815.04	469523.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E)	131074.88	340755.22
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	396889.92	810279.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	396889.92	810279.06

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	499251.72	1016057.56
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	499251.72	1016057.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	265815.04	469523.84
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	265815.04	469523.84

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

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

FOR LINE NUMBER: PAGE 6 OF 1704

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

Full Name (Last, First, Middle Initial)

A. Kathleen Shepard

Mailing Address 2320 E Baseline Rd
Ste 148-624

City State Zip Code
Phoenix AZ 85042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Realtor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 03 2014

Transaction ID : 9E-89FB-B93ACD1CC8CA

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Tom Tarzian

Mailing Address 1100 S High St

City State Zip Code
Bloomington IN 47401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sarkes Tarzian, Inc.

Occupation

Chairman of Board of Directors

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 07 2014

Transaction ID : 79-B1F9-49E7074A0F35

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Mary Adams

Mailing Address 7223 Mission Rd
Apt 110

City State Zip Code
Prairie Village KS 66208

FEC ID number of contributing
federal political committee.

C

Name of Employer

IBM

Occupation

Retired

Receipt For:

☐ 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
07 17 2014

Transaction ID : 81-B2D3-E1C77915D6FA

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

5450.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Robert Howe Full Name (Last, First, Middle Initial) Mailing Address 3228 Arbor Dr City Pleasanton State CA Zip Code 94566 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 07 / 17 / 2014 Transaction ID : C8-9EED-400B2BE9F57F Amount of Each Receipt this Period 300.00
B. Bill Hornung Full Name (Last, First, Middle Initial) Mailing Address 518 Nebraska Ave City Stratton State CO Zip Code 80836 FEC ID number of contributing federal political committee. C Name of Employer Retired Occupation Retired Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 07 / 21 / 2014 Transaction ID : 01-B1D9-4245762B51C5 Amount of Each Receipt this Period 1000.00
C. Mary Wolosek Full Name (Last, First, Middle Initial) Mailing Address 5621 Patrick Henry Ct City Wisconsin Rapids State WI Zip Code 54494 FEC ID number of contributing federal political committee. C Name of Employer Wolosek & Wolosek CPAs Occupation CPA Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 07 / 22 / 2014 Transaction ID : 5F-BB15-FB7433CC7498 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)..... ▶		1550.00
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: PAGE 8 OF 1704
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial) A. Kathleen Shepard		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 2320 E Baseline Rd Ste 148-624		Transaction ID : 0C-99E8-35B171751A90
City Phoenix	State AZ	Zip Code 85042
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation Realtor	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. John Martin		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 2028 Edenton Trl		Transaction ID : 73-B335-A399F83450EC
City Evans	State GA	Zip Code 30809
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Flowserve	Occupation Sales	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Ken Rasch		Date of Receipt M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address 1834 Johnson Ave		Transaction ID : 96-95FD-A9C29559EC4C
City Fort Dodge	State IA	Zip Code 50501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Self-Employed	Occupation Farmer	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

SUBTOTAL of Receipts This Page (optional)..... ►

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

225.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Joan Hornung

Mailing Address 518 Nebraska Ave

City State Zip Code
 Stratton CO 80836

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 21 / 2014

Transaction ID : 9B-BB1B-53EE40B753B4

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Sean Fieler

Mailing Address 40 Haslet Ave

City State Zip Code
 Princeton NJ 08540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Chiaroscuro Foundation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385946.12

Date of Receipt

07 / 09 / 2014

Transaction ID : 0C-840F-C0975303C05B

Amount of Each Receipt this Period

385946.12

Full Name (Last, First, Middle Initial)

C. Susan B Anthony List, Inc.

Mailing Address 1707 L St., NW
 Suite 550

City State Zip Code
 Washington DC 20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1531042.36

Date of Receipt

07 / 31 / 2014

Transaction ID : 98-B09A-62D4C9B1D0C4

Amount of Each Receipt this Period

20000.00

List Rental - In Kind Donation

List Rental - In Kind Donation

SUBTOTAL of Receipts This Page (optional)..... ►

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

406946.12

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

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

FOR LINE NUMBER: PAGE 10 OF 1704

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Susan B Anthony List, Inc.

Mailing Address 1707 L St., NW
Suite 550

City Washington State DC Zip Code 20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1531042.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : D5-8EC3-708F63C1DBF8

Amount of Each Receipt this Period

62817.00

Salaries - In Kind Donation

Salaries - In Kind Donation

Full Name (Last, First, Middle Initial)

B. Susan B Anthony List, Inc.

Mailing Address 1707 L St., NW
Suite 550

City Washington State DC Zip Code 20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1531042.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : AD-A8A7-A2691EDFE3A4

Amount of Each Receipt this Period

4805.50

Payroll Taxes - In Kind Donation

Payroll Taxes - In Kind Donation

Full Name (Last, First, Middle Initial)

C. Susan B Anthony List, Inc.

Mailing Address 1707 L St., NW
Suite 550

City Washington State DC Zip Code 20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1531042.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : BF-9542-30746E542859

Amount of Each Receipt this Period

10713.60

Rent - In Kind Donation

Rent - In Kind Donation

SUBTOTAL of Receipts This Page (optional)..... ►

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

78336.10

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

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

FOR LINE NUMBER: PAGE 11 OF 1704

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Susan B Anthony List, Inc.

Mailing Address 1707 L St., NW
Suite 550

City	State	Zip Code
Washington	DC	20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1531042.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : DB-A5AA-B27A9484603D

Amount of Each Receipt this Period

4172.50

Office Expenses - In Kind Donation

Office Expenses - In Kind Donation

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

4172.50

496679.72

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Ms. Alexandra Doucet

Mailing Address 73 Catalpa Trace

City	State	Zip Code
Covington	LA	70433

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		08		2014

Transaction ID : 6A49BCDB-37F3-47CC-A

Amount of Each Disbursement this Period

173.15

Full Name (Last, First, Middle Initial)

B. Ms. Alexandra Doucet

Mailing Address 73 Catalpa Trace

City	State	Zip Code
Covington	LA	70433

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 0D04BFBD-1604-49D9-8

Amount of Each Disbursement this Period

20.61

Full Name (Last, First, Middle Initial)

C. Ms. Alexandra Doucet

Mailing Address 73 Catalpa Trace

City	State	Zip Code
Covington	LA	70433

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 936D388B-4EE5-4DF3-A

Amount of Each Disbursement this Period

24.95

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

218.71

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Ms. Alexandra Doucet

Mailing Address 73 Catalpa Trace

City	State	Zip Code
Covington	LA	70433

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : DB2AC732-2A0D-49B2-9

Amount of Each Disbursement this Period

553.75

Full Name (Last, First, Middle Initial)

B. Mr. Francisco Gonzales

Mailing Address 3461 HWY 39

City	State	Zip Code
Braithwaite	LA	70040

Purpose of Disbursement
Salary

Candidate Name

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

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : DBE934FE-F935-4E64-9

Amount of Each Disbursement this Period

1260.54

Full Name (Last, First, Middle Initial)

C. Mr. Francisco Gonzales

Mailing Address 3461 HWY 39

City	State	Zip Code
Braithwaite	LA	70040

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		08		2014

Transaction ID : 507CEE2F-43D7-4669-A

Amount of Each Disbursement this Period

38.54

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1852.83

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Francisco Gonzales

Mailing Address 3461 HWY 39

City	State	Zip Code
Braithwaite	LA	70040

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : A56C4218-B31D-4CB1-9

Amount of Each Disbursement this Period

8.23

Full Name (Last, First, Middle Initial)

B. Paul Rickert

Mailing Address 710 St. Martins Lane

City	State	Zip Code
Bossier City	LA	71111

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		04		2014

Transaction ID : EA7FA7DF-A1D9-41B5-8

Amount of Each Disbursement this Period

93.80

Full Name (Last, First, Middle Initial)

C. Paul Rickert

Mailing Address 710 St. Martins Lane

City	State	Zip Code
Bossier City	LA	71111

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : 05FCAC04-F429-4C0D-B

Amount of Each Disbursement this Period

5.44

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

107.47

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Paul Rickert

Mailing Address 710 St. Martins Lane

City	State	Zip Code
Bossier City	LA	71111

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : BEDE36DC-E804-4EB3-8

Amount of Each Disbursement this Period

111.56

Full Name (Last, First, Middle Initial)

B. Patrice Wolfe

Mailing Address 9909 Treasure Hill Rd

City	State	Zip Code
Little Rock	AR	72205

Purpose of Disbursement
Salary

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 58DA786D-B4AB-439A-B

Amount of Each Disbursement this Period

246.27

Full Name (Last, First, Middle Initial)

C. Activist Manager

Mailing Address PO Box 601

City	State	Zip Code
Great Falls	VA	22066

Purpose of Disbursement
Consulting

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2014

Transaction ID : 1E602C5F-784D-495D-9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1357.83

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Activist Manager

Mailing Address PO Box 601

City	State	Zip Code
Great Falls	VA	22066

Purpose of Disbursement
Consulting

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2014

Transaction ID : 15B1C48A-3BA2-4D50-8

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Activist Manager

Mailing Address PO Box 601

City	State	Zip Code
Great Falls	VA	22066

Purpose of Disbursement
Consulting

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2014

Transaction ID : 01D8BDB5-702F-43DE-B

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Authorize.Net

Mailing Address PO Box 947

City	State	Zip Code
American Fork	UT	84003

Purpose of Disbursement
Credit Card Processing

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		02		2014

Transaction ID : 9AE08725-4644-48D5-9

Amount of Each Disbursement this Period

50.10

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2050.10

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Deluxe Business Products

Mailing Address PO Box 1186

City	State	Zip Code
Lancaster	CA	93584

Purpose of Disbursement
Office Supplies

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

Transaction ID : B77EC310-DB4D-45F2-A

Amount of Each Disbursement this Period

299.74

Full Name (Last, First, Middle Initial)

B. PayChex

Mailing Address 911 Panorama Trail S

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement
Payroll Processing

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2014

Transaction ID : 73CA7496-33BD-4091-8

Amount of Each Disbursement this Period

110.61

Full Name (Last, First, Middle Initial)

C. PayChex

Mailing Address 911 Panorama Trail S

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement
Payroll Processing

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

Transaction ID : 4A266A6F-4C08-473D-A

Amount of Each Disbursement this Period

102.47

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

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

512.82

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. PayChex

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement
Payroll Processing

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 11 2014
Transaction ID : CDD37024-128D-4728-B

Amount of Each Disbursement this Period

168.27

Full Name (Last, First, Middle Initial)

B. PayChex

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement
Payroll Processing

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 14 2014
Transaction ID : 2E8B052B-ABB1-4CBF-B

Amount of Each Disbursement this Period

43.30

Full Name (Last, First, Middle Initial)

C. PayChex

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement
Payroll Processing

001

Candidate Name

Category/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 18 2014
Transaction ID : A06D9EEC-5363-4A3A-8

Amount of Each Disbursement this Period

240.67

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

452.24

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. PayChex

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement
Payroll Processing

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 25 2014
Transaction ID : 4F0997F5-1529-4CA4-A

Amount of Each Disbursement this Period

68.25

Full Name (Last, First, Middle Initial)

B. PayChex

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement
Payroll Processing

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 25 2014
Transaction ID : A1E233B1-692A-463C-B

Amount of Each Disbursement this Period

214.29

Full Name (Last, First, Middle Initial)

C. PayChex

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement
Payroll Processing

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 30 2014
Transaction ID : 583FB248-3CED-4B41-B

Amount of Each Disbursement this Period

68.25

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

350.79

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. PayChex

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement
Payroll Processing

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 30 2014

Transaction ID : 00342D46-B094-497F-8

Amount of Each Disbursement this Period

97.28

B. Intuit

Full Name (Last, First, Middle Initial)

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement
Credit Card Processing

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 02 2014

Transaction ID : 7134928D-B5DD-42F1-8

Amount of Each Disbursement this Period

12.95

C. Intuit

Full Name (Last, First, Middle Initial)

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement
Credit Card Processing

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y
07 02 2014

Transaction ID : 29656174-839C-4304-8

Amount of Each Disbursement this Period

0.78

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

111.01

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Chain Bridge Bank

Date of Disbursement

07 / 09 / 2014

Transaction ID : E5207DED-B02C-4912-A

001

Category/
Type

Amount of Each Disbursement this Period

Age Group	Number of people
13-17	1.0
18-24	2.0
25-34	3.0
35-44	4.0
45-54	5.0
55-64	6.0
65-74	7.0
75-84	8.0
85+	9.0

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B. Chain Bridge Bank

Date of Disbursement

MM / DD / YYYY

Transaction ID : 1232490B-CF46-4E8A-B

001

Category/
Type

Amount of Each Disbursement this Period

15.00

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

C. Chain Bridge Bank

Date of Disbursement

07 / 25 / 2014

Transaction ID : 08B3235A-4A14-481F-9

001

Category/
Type

Amount of Each Disbursement this Period

Month	Number of People
January	1.5
February	2.0
March	2.5
April	3.0
May	3.5
June	4.0
July	4.5
August	5.0
September	5.5
October	6.0
November	6.5
December	7.0

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State: District:

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

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

45.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Susan B Anthony List

Mailing Address 1707 L St., NW

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
List Rental - In Kind Donation

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2014

Transaction ID : ABFBF488-EA8B-47D6-9

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

B. Susan B Anthony List

Mailing Address 1707 L St., NW

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
Payroll Tax Expense - In Kind Donation

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2014

Transaction ID : 603BF3EE-C750-4412-9

Amount of Each Disbursement this Period

4805.50

Full Name (Last, First, Middle Initial)

C. Susan B Anthony List

Mailing Address 1707 L St., NW

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
Salaries - In Kind Donation

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2014

Transaction ID : 6D8FFC02-C7C5-41DD-8

Amount of Each Disbursement this Period

62817.00

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

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

87622.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Susan B Anthony List

Mailing Address 1707 L St., NW

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
Rent - In Kind Donation

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2014

Transaction ID : 273D1605-6AD4-49B8-9

Amount of Each Disbursement this Period

10713.60

Full Name (Last, First, Middle Initial)

B. Susan B Anthony List

Mailing Address 1707 L St., NW

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
Office Expense - In Kind Donation

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2014

Transaction ID : B5B270E4-BA35-4DD9-B

Amount of Each Disbursement this Period

4172.50

Full Name (Last, First, Middle Initial)

C. Susan B Anthony List

Mailing Address 1707 L St., NW

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
Office Expense

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2014

Transaction ID : 6D22EEAC-5C9B-471D-A

Amount of Each Disbursement this Period

22595.62

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

37481.72

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. LA Department of Taxation

Mailing Address PO Box 201

City	State	Zip Code
Baton Rouge	LA	70802

Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : C38E4988-7904-4E78-8

Amount of Each Disbursement this Period

343.00

Full Name (Last, First, Middle Initial)

B. NC Department of Revenue

Mailing Address PO Box 25000

City	State	Zip Code
Raleigh	NC	27640

Purpose of Disbursement
Payroll taxes

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 7E6BF888-24FF-458E-9

Amount of Each Disbursement this Period

942.00

Full Name (Last, First, Middle Initial)

C. DC Unemployment Services

Mailing Address 501 C St. NW #501

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		11		2014

Transaction ID : C931D503-8486-4B96-8

Amount of Each Disbursement this Period

43.50

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1328.50

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

26.10

07 / 15 / 2014

Category/
Type

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

29.00

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

434.44

489.54

489.54

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. DC Unemployment Services

Mailing Address 501 C St. NW #501

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 07D28797-0360-47BB-9

Amount of Each Disbursement this Period

1248.93

Full Name (Last, First, Middle Initial)

B. DC Unemployment Services

Mailing Address 501 C St. NW #501

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2014

Transaction ID : 1FFD1AED-9D88-47FE-9

Amount of Each Disbursement this Period

610.64

Full Name (Last, First, Middle Initial)

C. DC Unemployment Services

Mailing Address 501 C St. NW #501

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2014

Transaction ID : F202A205-7B3F-4485-9

Amount of Each Disbursement this Period

705.47

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2565.04

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. IRS

Mailing Address IRS

City	State	Zip Code
Cincinnati	OH	45999

Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2014

Transaction ID : 895B4762-01D6-47EB-8

Amount of Each Disbursement this Period

2934.02

Full Name (Last, First, Middle Initial)

B. IRS

Mailing Address IRS

City	State	Zip Code
Cincinnati	OH	45999

Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2014

Transaction ID : 215639CF-DEB6-4771-9

Amount of Each Disbursement this Period

514.00

Full Name (Last, First, Middle Initial)

C. IRS

Mailing Address IRS

City	State	Zip Code
Cincinnati	OH	45999

Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2014

Transaction ID : 65F2F3D7-783A-4921-9

Amount of Each Disbursement this Period

9.00

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

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

3457.02

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. IRS

Mailing Address IRS

City	State	Zip Code
Cincinnati	OH	45999

Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2014

Transaction ID : 611F7F38-94A0-4D68-A

Amount of Each Disbursement this Period

157.28

Full Name (Last, First, Middle Initial)

B. IRS

Mailing Address IRS

City	State	Zip Code
Cincinnati	OH	45999

Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2014

Transaction ID : 847D8DE3-5720-463A-B

Amount of Each Disbursement this Period

5.40

Full Name (Last, First, Middle Initial)

C. IRS

Mailing Address IRS

City	State	Zip Code
Cincinnati	OH	45999

Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2014

Transaction ID : C36DABBA-BF50-4257-B

Amount of Each Disbursement this Period

182.58

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

345.26

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

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. IRS

001

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID : 8F832E6F-BA60-4DF0-B

Amount of Each Disbursement this Period

6.00

B. IRS

07 / 18 / 2014

001

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Transaction ID : C35509D1-7254-4FE6-8

Amount of Each Disbursement this Period

1235.74

C. IRS

001

Category/
Type

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Transaction ID : 66A60593-CD68-4354-B

Amount of Each Disbursement this Period

12259.41

13501.15

[illegible]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. IRS

Mailing Address IRS

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014
Transaction ID : 321AD063-DF0D-4194-9

Amount of Each Disbursement this Period

233.47

B. IRS

Full Name (Last, First, Middle Initial)

Mailing Address IRS

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014
Transaction ID : 96C04B2C-0C25-4DFD-A

Amount of Each Disbursement this Period

1736.15

C. IRS

Full Name (Last, First, Middle Initial)

Mailing Address IRS

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement
Payroll Taxes

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014
Transaction ID : C5418614-CD92-4C09-9

Amount of Each Disbursement this Period

143.51

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2113.13

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. IRS

Mailing Address IRS

City	State	Zip Code
Cincinnati	OH	45999

Purpose of Disbursement
Payroll Taxes

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

001

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	31	/	2014

Transaction ID : 3CE121C3-98C6-4ABD-8

Amount of Each Disbursement this Period

1469.98

Full Name (Last, First, Middle Initial)

B. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement
Consulting

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

001

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	15	/	2014

Transaction ID : 15BF3E9E-2F47-4ED2-8

Amount of Each Disbursement this Period

1333.33

Full Name (Last, First, Middle Initial)

C. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement
Consulting

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

001

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	15	/	2014

Transaction ID : 89CA5B02-8855-44B0-8

Amount of Each Disbursement this Period

1333.33

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4136.64

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement
Consulting

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 15 2014**Transaction ID : 639022ED-C045-4FA0-8**

Amount of Each Disbursement this Period

1333.34

Full Name (Last, First, Middle Initial)

B. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement
Consulting

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 31 2014**Transaction ID : 59962509-A46F-4FCC-9**

Amount of Each Disbursement this Period

1333.33

Full Name (Last, First, Middle Initial)

C. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement
Consulting

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 31 2014**Transaction ID : 241B4625-736B-44D4-9**

Amount of Each Disbursement this Period

1333.33

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement
Consulting

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2014

Transaction ID : DDD5B983-E9A8-4058-8

Amount of Each Disbursement this Period

1333.34

Full Name (Last, First, Middle Initial)

B. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : 0662002F-9E1B-4F2E-A

Amount of Each Disbursement this Period

4.37

Full Name (Last, First, Middle Initial)

C. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : D5369F69-B46E-4D7C-B

Amount of Each Disbursement this Period

5.64

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1343.35

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Mr. Mick Bransfield

Date of Disbursement



Transaction ID : 6E1DD0C5-10AB-4C07-B

002

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B. Mr. Mick Bransfield

Date of Disbursement

07 / 18 / 2014

Transaction ID : 844955FB-8B0A-4322-B

002

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

C. Mr. Mick Bransfield

Date of Disbursement

Transaction ID : 0AD868E9-23BE-4AB0-B

002

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State: District:

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

28.97

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 18 2014
Transaction ID : E5AF8509-9765-46EE-B

Amount of Each Disbursement this Period

13.00

Full Name (Last, First, Middle Initial)

B. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 18 2014
Transaction ID : AEF8F742-D7B2-41C2-9

Amount of Each Disbursement this Period

16.00

Full Name (Last, First, Middle Initial)

C. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 18 2014
Transaction ID : B3B64A72-45EA-4E8B-A

Amount of Each Disbursement this Period

16.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : A84EAFE5-9B57-471A-9

Amount of Each Disbursement this Period

16.36

Full Name (Last, First, Middle Initial)

B. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : 257C5EA7-16BC-4CBB-8

Amount of Each Disbursement this Period

19.74

Full Name (Last, First, Middle Initial)

C. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : D71BE4CB-CBD4-4560-A

Amount of Each Disbursement this Period

22.56

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

58.66

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement	Travel reimbursement

Candidate Name _____

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

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : B7BE8860-BD7C-4E0D-B

Amount of Each Disbursement this Period

24.75

Full Name (Last, First, Middle Initial)

B. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement	Travel reimbursement

Candidate Name

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

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

07 / 18 / 2014

Transaction ID : 1B9D6F64-B5CD-464E-9

Amount of Each Disbursement this Period

25.05

Full Name (Last, First, Middle Initial)

C. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement	Travel reimbursement

Candidate Name

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

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
07 18 2014

Transaction ID : FC6F2376-A44C-49D4-A

Amount of Each Disbursement this Period

28.06

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

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

77.86



☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement	Travel reimbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : B537CF80-9536-42CE-A

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	~15%
25-34	33.78%
35-44	~15%
45-54	~15%
55-64	~15%
65-74	~15%
75-84	~15%
85+	~15%

Full Name (Last, First, Middle Initial)

B. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : 4957AB2E-A4DD-467F-8

Amount of Each Disbursement this Period

35.84

Full Name (Last, First, Middle Initial)

C. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement	Travel reimbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

M M / D D / Y Y Y Y
07 18 2014

Transaction ID : C0FAD503-528D-4DC4-B

Amount of Each Disbursement this Period

36.43

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

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



106.05

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City Herndon	State VA	Zip Code 20170

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : 7E9BF3FE-6F7D-48DE-9

Amount of Each Disbursement this Period

43.76

Full Name (Last, First, Middle Initial)

B. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City Herndon	State VA	Zip Code 20170

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : A8A7B420-F841-4A4F-A

Amount of Each Disbursement this Period

70.06

Full Name (Last, First, Middle Initial)

C. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City Herndon	State VA	Zip Code 20170

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : 0AF3D852-48A2-44D4-B

Amount of Each Disbursement this Period

101.65

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

215.47

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : E39DE5A9-162E-4D00-B

Amount of Each Disbursement this Period

121.47

Full Name (Last, First, Middle Initial)

B. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : 88293B44-0F8F-40A8-9

Amount of Each Disbursement this Period

158.12

Full Name (Last, First, Middle Initial)

C. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : 9FFE8258-AC33-4A35-B

Amount of Each Disbursement this Period

164.59

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

444.18

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : 6329F516-766D-4FF0-8

Amount of Each Disbursement this Period

378.00

Full Name (Last, First, Middle Initial)

B. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : F079E24C-01A6-4A61-9

Amount of Each Disbursement this Period

472.50

Full Name (Last, First, Middle Initial)

C. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 670FC379-7520-4893-A

Amount of Each Disbursement this Period

7.09

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

857.59

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Mr. Mick Bransfield

Date of Disbursement

Transaction ID : 4A442DBC-2D36-4DFF-B

002

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

B. Mr. Mick Bransfield

07 / 25 / 2014

Transaction ID : 7BCE7F25-37E5-4796-A

002

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State: District:

Date of Disbursement

C. Mr. Mick Bransfield

07 / 25 / 2014

Transaction ID : EED5AB36-038B-45DF-A

002

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State: District:

32.49

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

002

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 31883BDB-3D2A-459C-A

Amount of Each Disbursement this Period

14.58

Full Name (Last, First, Middle Initial)

B. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

002

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : EDAC9687-8F8C-4838-9

Amount of Each Disbursement this Period

16.46

Full Name (Last, First, Middle Initial)

C. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

002

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 8E5F84E1-6A82-4426-A

Amount of Each Disbursement this Period

17.45

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

48.49

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

002

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 686A887E-FF0E-4649-B

Amount of Each Disbursement this Period

76.25

Full Name (Last, First, Middle Initial)

B. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

002

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 3F48C768-489F-4B42-B

Amount of Each Disbursement this Period

99.46

Full Name (Last, First, Middle Initial)

C. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

002

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 0619287F-DD74-439F-A

Amount of Each Disbursement this Period

111.87

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

287.58

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : D6C15C11-218A-400D-9

Amount of Each Disbursement this Period

669.13

Full Name (Last, First, Middle Initial)

B. Ms. Ruth WisherMailing Address 515 Gardere Lane
Apt 215

City	State	Zip Code
Baton Rouge	LA	70820

Purpose of Disbursement
Salary

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : A007E2AB-B953-413A-9

Amount of Each Disbursement this Period

2963.19

Full Name (Last, First, Middle Initial)

C. Ms. Ruth WisherMailing Address 515 Gardere Lane
Apt 215

City	State	Zip Code
Baton Rouge	LA	70820

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		14		2014

Transaction ID : DD0F0601-DE55-45D3-9

Amount of Each Disbursement this Period

124.80

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3757.12

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Ms. Ruth WisherMailing Address 515 Gardere Lane
Apt 215

City Baton Rouge State LA Zip Code 70820

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2014

Transaction ID : 20D986FC-D053-4C24-9

Amount of Each Disbursement this Period

139.55

Full Name (Last, First, Middle Initial)

B. Mr. Robert Clapper

Mailing Address 924 French St.

City New Orleans State LA Zip Code 70124

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2014

Transaction ID : D847748A-DAC0-41C3-9

Amount of Each Disbursement this Period

2270.75

Full Name (Last, First, Middle Initial)

C. Mr. Eric Soderstrom

Mailing Address 148 Berry Mountain Rd

City Cramerton State NC Zip Code 28032

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2014

Transaction ID : FCE8E60D-639A-4913-A

Amount of Each Disbursement this Period

2309.81

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4720.11

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Eric Soderstrom

Mailing Address 148 Berry Mountain Rd

City	State	Zip Code
Cramerton	NC	28032

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : F4055D11-D0D3-4631-8

Amount of Each Disbursement this Period

9.42

Full Name (Last, First, Middle Initial)

B. Mr. Eric Soderstrom

Mailing Address 148 Berry Mountain Rd

City	State	Zip Code
Cramerton	NC	28032

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : 03F7A761-FD44-46F1-8

Amount of Each Disbursement this Period

20.70

Full Name (Last, First, Middle Initial)

C. Mr. Eric Soderstrom

Mailing Address 148 Berry Mountain Rd

City	State	Zip Code
Cramerton	NC	28032

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : 47D4A8D9-1E38-41E9-A

Amount of Each Disbursement this Period

22.95

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

53.07

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Eric Soderstrom

Mailing Address 148 Berry Mountain Rd

City	State	Zip Code
Cramerton	NC	28032

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : F58BD8EA-CD47-42BB-9

Amount of Each Disbursement this Period

31.08

Full Name (Last, First, Middle Initial)

B. Mr. Eric Soderstrom

Mailing Address 148 Berry Mountain Rd

City	State	Zip Code
Cramerton	NC	28032

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : 2BE9A0FB-F491-498D-9

Amount of Each Disbursement this Period

32.01

Full Name (Last, First, Middle Initial)

C. Mr. Eric Soderstrom

Mailing Address 148 Berry Mountain Rd

City	State	Zip Code
Cramerton	NC	28032

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : 5268DE6D-B775-4733-8

Amount of Each Disbursement this Period

32.28

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

95.37

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Eric Soderstrom

Mailing Address 148 Berry Mountain Rd

City	State	Zip Code
Cramerton	NC	28032

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : CE2FFEC5-3508-427A-A

Amount of Each Disbursement this Period

35.67

Full Name (Last, First, Middle Initial)

B. Mr. Eric Soderstrom

Mailing Address 148 Berry Mountain Rd

City	State	Zip Code
Cramerton	NC	28032

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : D16A6A04-929B-4499-8

Amount of Each Disbursement this Period

41.67

Full Name (Last, First, Middle Initial)

C. Mr. Eric Soderstrom

Mailing Address 148 Berry Mountain Rd

City	State	Zip Code
Cramerton	NC	28032

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 2825F95E-CC8C-42C7-A

Amount of Each Disbursement this Period

5.05

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

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

82.39

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

07 / 25 / 2014

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼



5.05

07 / 25 / 2014

Category/
Type

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

11.40

A diagram of a 1D lattice with 20 sites. The sites are represented by vertical lines. The 11th site from the left is highlighted in grey, indicating it is the impurity site. The label '21.5' is placed above the 11th site.

SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Eric Soderstrom

Mailing Address 148 Berry Mountain Rd

City	State	Zip Code
Cramerton	NC	28032

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : D89B6374-4F5A-48D5-9

Amount of Each Disbursement this Period

13.87

Full Name (Last, First, Middle Initial)

B. Mr. Eric Soderstrom

Mailing Address 148 Berry Mountain Rd

City	State	Zip Code
Cramerton	NC	28032

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 39815CEB-2C76-45A4-B

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. Mr. Eric Soderstrom

Mailing Address 148 Berry Mountain Rd

City	State	Zip Code
Cramerton	NC	28032

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 58CD9181-EB33-497A-9

Amount of Each Disbursement this Period

20.28

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

54.15

**SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Eric Soderstrom

Mailing Address 148 Berry Mountain Rd

City	State	Zip Code
Cramerton	NC	28032

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 70E364FF-F28E-4F48-9

Amount of Each Disbursement this Period

21.68

Full Name (Last, First, Middle Initial)

B. Mr. Eric Soderstrom

Mailing Address 148 Berry Mountain Rd

City	State	Zip Code
Cramerton	NC	28032

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 0304C460-5A51-4608-9

Amount of Each Disbursement this Period

22.53

Full Name (Last, First, Middle Initial)

C. Mr. Eric Soderstrom

Mailing Address 148 Berry Mountain Rd

City	State	Zip Code
Cramerton	NC	28032

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 1F61F1D7-4795-45F3-B

Amount of Each Disbursement this Period

25.97

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.18

**SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Eric Soderstrom

Mailing Address 148 Berry Mountian Rd

City	State	Zip Code
Cramerton	NC	28032

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 9C1B800E-E6E7-4C7A-8

Amount of Each Disbursement this Period

31.44

Full Name (Last, First, Middle Initial)

B. Mr. Eric Soderstrom

Mailing Address 148 Berry Mountian Rd

City	State	Zip Code
Cramerton	NC	28032

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 92C724EE-D31F-4D32-9

Amount of Each Disbursement this Period

33.81

Full Name (Last, First, Middle Initial)

C. Mr. Eric Soderstrom

Mailing Address 148 Berry Mountian Rd

City	State	Zip Code
Cramerton	NC	28032

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 20642E83-DC68-4EB0-9

Amount of Each Disbursement this Period

41.70

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

106.95

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Mr. Eric Soderstrom

City	State	Zip Code
Cramerton	NC	28032

Transaction ID : 85F22B06-CD08-45E1-A

002

Amount of Each Disbursement this Period

Category/
Type

46.92

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Mr. Eric Soderstrom

Date of Disbursement

07 / 25 / 2014

Mailing Address 148 Berry Mountian Rd

City	State	Zip Code
Cramerton	NC	28032

Transaction ID : 947D50A2-77C6-4EBC-9

Purpose of Disbursement	Travel reimbursement

002

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

50.00

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Mr. Eric Soderstrom

Date of Disbursement

M M / D D / Y Y Y Y
07 25 2014

Mailing Address 148 Berry Mountian Rd

City	State	Zip Code
Cramerton	NC	28032

Transaction ID : DF8653DF-C9A6-44B3-8

Purpose of Disbursement	Travel reimbursement

002

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

64.04

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State: District:

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

160.96

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

SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Eric Soderstrom

Mailing Address 148 Berry Mountain Rd

City	State	Zip Code
Cramerton	NC	28032

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 2168E35F-D867-429E-8

Amount of Each Disbursement this Period

134.95

Full Name (Last, First, Middle Initial)

B. Mr. Eric Soderstrom

Mailing Address 148 Berry Mountain Rd

City	State	Zip Code
Cramerton	NC	28032

Purpose of Disbursement
Utilities

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : D8D00A6C-352A-41EA-9

Amount of Each Disbursement this Period

54.15

Full Name (Last, First, Middle Initial)

C. Mr. Eric Soderstrom

Mailing Address 148 Berry Mountain Rd

City	State	Zip Code
Cramerton	NC	28032

Purpose of Disbursement
Utilities

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : F1571735-B920-47A4-A

Amount of Each Disbursement this Period

99.00

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

288.10

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Grayson Greco

Mailing Address 115 Wyndham Way

City	State	Zip Code
Wilmington	NC	24811

Purpose of Disbursement
Salary

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : F5B4BECE-DC69-4839-8

Amount of Each Disbursement this Period

2558.58

Full Name (Last, First, Middle Initial)

B. Mr. Grayson Greco

Mailing Address 115 Wyndham Way

City	State	Zip Code
Wilmington	NC	24811

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		02		2014

Transaction ID : A8CABC79-1226-4359-8

Amount of Each Disbursement this Period

7.16

Full Name (Last, First, Middle Initial)

C. Mr. Grayson Greco

Mailing Address 115 Wyndham Way

City	State	Zip Code
Wilmington	NC	24811

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		02		2014

Transaction ID : 92EA74BA-215A-429D-A

Amount of Each Disbursement this Period

12.04

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2577.78

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

137.83

07 / 10 / 2014

Response	Percentage
U.S. should take more action to protect the environment	18.67

07 / 10 / 2014

384.45

540.95

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)

PAGE 60 OF 1704

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Grayson Greco

Mailing Address 115 Wyndham Way

City State Zip Code
Wilmington NC 24811

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 18 2014

Transaction ID : 3FD4E578-24E9-43A9-A

Amount of Each Disbursement this Period

1.07

Full Name (Last, First, Middle Initial)

B. Mr. Grayson Greco

Mailing Address 115 Wyndham Way

City State Zip Code
Wilmington NC 24811

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 18 2014

Transaction ID : 4C46DE46-CFD7-4A59-8

Amount of Each Disbursement this Period

4.28

Full Name (Last, First, Middle Initial)

C. Mr. Grayson Greco

Mailing Address 115 Wyndham Way

City State Zip Code
Wilmington NC 24811

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 18 2014

Transaction ID : D5195900-7282-4C6B-8

Amount of Each Disbursement this Period

10.95

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

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

16.30

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Category/
Type

19.24

07 / 18 / 2014

Category/
Type

21.96

Category/
Type

Age Group	Percentage
18-24	4.76
25-34	10.53
35-44	15.79
45-54	21.05
55-64	26.32
65-74	31.58
75-84	36.84
85+	42.11

45.96

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

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

MM / DD / YYYY
07 / 25 / 2014

Category/
Type

State: District:

MM / DD / YYYY

Category/
Type

State: District:

Category/
Type

State: District:

30.44

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Grayson Greco

Mailing Address 115 Wyndham Way

City	State	Zip Code
Wilmington	NC	24811

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 60E6210D-70EA-4095-B

Amount of Each Disbursement this Period

21.39

Full Name (Last, First, Middle Initial)

B. Mr. Grayson Greco

Mailing Address 115 Wyndham Way

City	State	Zip Code
Wilmington	NC	24811

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 7F0DAD3F-147D-4BC9-A

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

C. Mr. Grayson Greco

Mailing Address 115 Wyndham Way

City	State	Zip Code
Wilmington	NC	24811

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : A15FFA85-C29C-40AA-B

Amount of Each Disbursement this Period

50.28

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

121.67

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Grayson Greco

Mailing Address 115 Wyndham Way

City	State	Zip Code
Wilmington	NC	24811

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 13F9FFC7-2BB0-4962-A

Amount of Each Disbursement this Period

51.16

Full Name (Last, First, Middle Initial)

B. Mr. Grayson Greco

Mailing Address 115 Wyndham Way

City	State	Zip Code
Wilmington	NC	24811

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 26230D9F-40A1-4DD3-9

Amount of Each Disbursement this Period

63.24

Full Name (Last, First, Middle Initial)

C. Mr. Grayson Greco

Mailing Address 115 Wyndham Way

City	State	Zip Code
Wilmington	NC	24811

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 2D8010BF-9AC1-4170-9

Amount of Each Disbursement this Period

64.48

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

178.88

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Grayson Greco

Mailing Address 115 Wyndham Way

City	State	Zip Code
Wilmington	NC	24811

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 61A545BB-7558-431C-B

Amount of Each Disbursement this Period

66.39

Full Name (Last, First, Middle Initial)

B. Mr. Grayson Greco

Mailing Address 115 Wyndham Way

City	State	Zip Code
Wilmington	NC	24811

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : DFBF60AD-CE80-4BF1-B

Amount of Each Disbursement this Period

70.19

Full Name (Last, First, Middle Initial)

C. Taylor Wilson

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

Transaction ID : 9BFAF7D4-4A57-4B83-9

Amount of Each Disbursement this Period

5.22

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

141.80

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Taylor Wilson

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement



Transaction ID : 3123C9C7-F349-4D18-A

Amount of Each Disbursement this Period

32.16

Full Name (Last, First, Middle Initial)

B. Taylor Wilson

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

07 / 03 / 2014

Transaction ID : 0F200AC5-4D71-41FF-9

Amount of Each Disbursement this Period

177.17

Full Name (Last, First, Middle Initial)

C. Taylor Wilson

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement	Travel reimbursement

Candidate Name

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

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

M M / D D / Y Y Y Y
07 10 2014

Transaction ID : C0A4B837-E221-4720-B

Amount of Each Disbursement this Period

9.61

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

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

218.94

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Taylor Wilson

Date of Disbursement

Transaction ID : F5BC541F-8A95-427E-A

002

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Taylor Wilson

Date of Disbursement

MM / DD / YYYY

City	State	Zip Code
Raleigh	NC	27609

Transaction ID : F95C43D4-9D36-48E6-8

002

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Taylor Wilson

Date of Disbursement

07 / 10 / 2014

City	State	Zip Code
Raleigh	NC	27609

Transaction ID : 3B03D608-4A54-4F9E-9

002

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

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

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

216.64

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Taylor Wilson

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement	Travel reimbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 1F4C7E80-5004-41E2-8

Amount of Each Disbursement this Period

6.06

Full Name (Last, First, Middle Initial)

B. Taylor Wilson

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement	Travel reimbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

07 / 18 / 2014

Transaction ID : 63F0FDD4-A846-4901-8

Amount of Each Disbursement this Period

10.51

Full Name (Last, First, Middle Initial)

C. Taylor Wilson

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

M M / D D / Y Y Y Y
07 18 2014

Transaction ID : 38817AD8-70D5-40B2-8

Amount of Each Disbursement this Period

19.98

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

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

36.55

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Taylor Wilson

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement	Travel reimbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 263975E3-34BB-4D66-A

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	28.00
25-34	25.00
35-44	22.00
45-54	18.00
55-64	15.00
65-74	12.00
75-84	10.00
85+	5.00

Full Name (Last, First, Middle Initial)

B. Taylor Wilson

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 46318804-BAC4-465C-B

Amount of Each Disbursement this Period

34.02

Full Name (Last, First, Middle Initial)

C. Taylor Wilson

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement	Travel reimbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Three digital displays showing the date 07/18/2014 in MM/DD/YYYY format. The first display shows '07' with 'M' indicators above it. The second display shows '18' with 'D' indicators above it. The third display shows '2014' with 'Y' indicators above it.

Transaction ID : 493BB481-E76B-4AD7-A

Amount of Each Disbursement this Period

49.26

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

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

113.28

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Taylor Wilson

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : 9A842DCE-CF51-4704-9

Amount of Each Disbursement this Period

80.18

Full Name (Last, First, Middle Initial)

B. Taylor Wilson

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2014

Transaction ID : B3CD3482-5F7C-4349-8

Amount of Each Disbursement this Period

505.64

Full Name (Last, First, Middle Initial)

C. Taylor Wilson

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 68FAF76B-C6F5-404A-8

Amount of Each Disbursement this Period

3.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

588.82

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Taylor Wilson

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 1AEE651B-29B1-4C88-B

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Taylor Wilson

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : AA067FC3-6A90-41E7-9

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	4.86
25-34	10.53
35-44	15.79
45-54	21.05
55-64	26.32
65-74	31.58
75-84	36.84
85+	42.11

Full Name (Last, First, Middle Initial)

C. Taylor Wilson

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement	Travel reimbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : 8D83E8A0-03A1-4189-8

Amount of Each Disbursement this Period

9.72

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Taylor Wilson

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 5EDEA1D8-5D25-457C-9

Amount of Each Disbursement this Period

27.95

Full Name (Last, First, Middle Initial)

B. Taylor Wilson

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 0CECF743-D1A6-4FD9-B

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. Taylor Wilson

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 87D4B623-F80F-40C7-B

Amount of Each Disbursement this Period

47.70

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

110.65

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Taylor Wilson

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : F75C224A-4A3B-4B8A-A

Amount of Each Disbursement this Period

96.97

Full Name (Last, First, Middle Initial)

B. Taylor Wilson

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 0084DBDE-7D96-4B81-8

Amount of Each Disbursement this Period

102.29

Full Name (Last, First, Middle Initial)

C. Taylor Wilson

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 43B3199B-16F9-4F02-A

Amount of Each Disbursement this Period

120.10

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

319.36

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Taylor Wilson

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement	Salary

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 484497C7-74AB-4F4B-A

Amount of Each Disbursement this Period

2359.19

Full Name (Last, First, Middle Initial)

B. Tami Fitzgerald

Mailing Address 109 Carpathian Way

City	State	Zip Code
Raleigh	NC	27615

Purpose of Disbursement	Salary

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : CFD4A9DA-EC86-4B27-8

Amount of Each Disbursement this Period

4621.00

Full Name (Last, First, Middle Initial)

C. Tami Fitzgerald

Mailing Address 109 Carpathian Way

City	State	Zip Code
Raleigh	NC	27615

Purpose of Disbursement	Travel reimbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

M M / D D / Y Y Y Y
07 03 2014

Transaction ID : 880AA8D7-2518-4EE7-A

Amount of Each Disbursement this Period

76.83

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

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

7057.02

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Tami Fitzgerald

Mailing Address 109 Carpathian Way

City	State	Zip Code
Raleigh	NC	27615

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

Transaction ID : CAF6F2FC-3A6E-4604-8

Amount of Each Disbursement this Period

147.02

Full Name (Last, First, Middle Initial)

B. Tami Fitzgerald

Mailing Address 109 Carpathian Way

City	State	Zip Code
Raleigh	NC	27615

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

Transaction ID : 4E412D15-A02B-4E28-8

Amount of Each Disbursement this Period

229.52

Full Name (Last, First, Middle Initial)

C. Tami Fitzgerald

Mailing Address 109 Carpathian Way

City	State	Zip Code
Raleigh	NC	27615

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

Transaction ID : C24E27D0-D963-43B5-8

Amount of Each Disbursement this Period

248.12

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

624.66

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Tami Fitzgerald

Mailing Address 109 Carpathian Way

City	State	Zip Code
Raleigh	NC	27615

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : FB3C848B-20CC-4AA4-8

Amount of Each Disbursement this Period

8.94

Full Name (Last, First, Middle Initial)

B. Tami Fitzgerald

Mailing Address 109 Carpathian Way

City	State	Zip Code
Raleigh	NC	27615

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : 6469A4C5-8D32-4BCC-B

Amount of Each Disbursement this Period

25.88

Full Name (Last, First, Middle Initial)

C. Tami Fitzgerald

Mailing Address 109 Carpathian Way

City	State	Zip Code
Raleigh	NC	27615

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : 6BE78015-BE31-405A-A

Amount of Each Disbursement this Period

30.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

64.82

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Tami Fitzgerald

Mailing Address 109 Carpathian Way

City	State	Zip Code
Raleigh	NC	27615

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 5790401F-03C0-4BCF-B

Amount of Each Disbursement this Period

1.23

Full Name (Last, First, Middle Initial)

B. Tami Fitzgerald

Mailing Address 109 Carpathian Way

City	State	Zip Code
Raleigh	NC	27615

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : CF43462A-602B-44A3-B

Amount of Each Disbursement this Period

1.23

Full Name (Last, First, Middle Initial)

C. Tami Fitzgerald

Mailing Address 109 Carpathian Way

City	State	Zip Code
Raleigh	NC	27615

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : A334C70E-DC27-4E9B-B

Amount of Each Disbursement this Period

62.06

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

64.52

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Tami Fitzgerald

Mailing Address 109 Carpathian Way

City Raleigh State NC Zip Code 27615

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 25 / 2014

Transaction ID : 2B8121C8-C93D-4CE7-9

Amount of Each Disbursement this Period

127.12

Full Name (Last, First, Middle Initial)

B. Tami Fitzgerald

Mailing Address 109 Carpathian Way

City Raleigh State NC Zip Code 27615

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 25 / 2014

Transaction ID : E1B05E6B-3476-484D-9

Amount of Each Disbursement this Period

195.05

Full Name (Last, First, Middle Initial)

C. Mary Katherine Collins

Mailing Address 15 1/2 Magnolia Circle

City Searcy State AR Zip Code 72143

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 25 / 2014

Transaction ID : 5D237C2B-C1C9-4E59-8

Amount of Each Disbursement this Period

2485.19

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

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

2807.36

SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mary Katherine Collins

Mailing Address 15 1/2 Magnoila Circle

City	State	Zip Code
Searcy	AR	72143

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2014

Transaction ID : 1545F29B-13F8-4D7A-8

Amount of Each Disbursement this Period

302.02

Full Name (Last, First, Middle Initial)

B. Mary Katherine Collins

Mailing Address 15 1/2 Magnoila Circle

City	State	Zip Code
Searcy	AR	72143

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : D92B88BD-9A69-405A-B

Amount of Each Disbursement this Period

1.58

Full Name (Last, First, Middle Initial)

C. Mary Katherine Collins

Mailing Address 15 1/2 Magnoila Circle

City	State	Zip Code
Searcy	AR	72143

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : E36F021C-8D47-4F44-8

Amount of Each Disbursement this Period

11.61

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

315.21

**SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mary Katherine Collins

Mailing Address 15 1/2 Magnoila Circle

City Searcy State AR Zip Code 72143

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 25 2014
Transaction ID : 36DBA377-8CCE-4CDD-B

Amount of Each Disbursement this Period

17.81

Full Name (Last, First, Middle Initial)

B. Mary Katherine Collins

Mailing Address 15 1/2 Magnoila Circle

City Searcy State AR Zip Code 72143

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 25 2014
Transaction ID : 01F0942D-B680-4F55-9

Amount of Each Disbursement this Period

24.08

Full Name (Last, First, Middle Initial)

C. Mary Katherine Collins

Mailing Address 15 1/2 Magnoila Circle

City Searcy State AR Zip Code 72143

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 25 2014
Transaction ID : C98D60F7-F4ED-4644-9

Amount of Each Disbursement this Period

24.08

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

65.97

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

24.08

MM / DD / YYYY

30.00

07 / 25 / 2014

30.00

84.08

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☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Julie Harris

Mailing Address 3654 Tara Street

City Springdale	State AR	Zip Code 72762

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		08		2014

Transaction ID : 7A5526B8-D13D-42B4-8

Amount of Each Disbursement this Period

107.37

Full Name (Last, First, Middle Initial)

B. Julie Harris

Mailing Address 3654 Tara Street

City Springdale	State AR	Zip Code 72762

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2014

Transaction ID : 11F28C7B-EAEB-41F7-8

Amount of Each Disbursement this Period

16.20

Full Name (Last, First, Middle Initial)

C. Julie Harris

Mailing Address 3654 Tara Street

City Springdale	State AR	Zip Code 72762

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2014

Transaction ID : A55B52EC-5E45-4EA1-A

Amount of Each Disbursement this Period

82.15

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

205.72

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Julie Harris

Mailing Address 3654 Tara Street

City	State	Zip Code
Springdale	AR	72762

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2014

Transaction ID : C951851D-EB7D-40E3-B

Amount of Each Disbursement this Period

84.05

Full Name (Last, First, Middle Initial)

B. Julie Harris

Mailing Address 3654 Tara Street

City	State	Zip Code
Springdale	AR	72762

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : EAD4F6EC-7B13-4A10-B

Amount of Each Disbursement this Period

7.68

Full Name (Last, First, Middle Initial)

C. Julie Harris

Mailing Address 3654 Tara Street

City	State	Zip Code
Springdale	AR	72762

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : F7802D7E-24A5-460A-8

Amount of Each Disbursement this Period

95.10

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

186.83

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Julie Harris

Mailing Address 3654 Tara Street

City	State	Zip Code
Springdale	AR	72762

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 9B180259-26E1-4B8C-A

Amount of Each Disbursement this Period

5.48

Full Name (Last, First, Middle Initial)

B. Julie Harris

Mailing Address 3654 Tara Street

City	State	Zip Code
Springdale	AR	72762

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 24C76DA5-6D18-411C-8

Amount of Each Disbursement this Period

21.45

Full Name (Last, First, Middle Initial)

C. Julie Harris

Mailing Address 3654 Tara Street

City	State	Zip Code
Springdale	AR	72762

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 6C7DC61D-9CD4-42A6-8

Amount of Each Disbursement this Period

24.13

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

51.06

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Julie Harris

Mailing Address 3654 Tara Street

City	State	Zip Code
Springdale	AR	72762

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 61F278E1-7100-4389-A

Amount of Each Disbursement this Period

63.00

Full Name (Last, First, Middle Initial)

B. Julie Harris

Mailing Address 3654 Tara Street

City	State	Zip Code
Springdale	AR	72762

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 958DC6D2-6BA1-494E-9

Amount of Each Disbursement this Period

139.82

Full Name (Last, First, Middle Initial)

C. Julie Harris

Mailing Address 3654 Tara Street

City	State	Zip Code
Springdale	AR	72762

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 2B02B263-B5F6-4911-9

Amount of Each Disbursement this Period

2501.75

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2704.57

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City	State	Zip Code
Pilot Mountain	NC	27041

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		02		2014

Transaction ID : C6391420-A677-4480-9

Amount of Each Disbursement this Period

161.25

Full Name (Last, First, Middle Initial)

B. Mr. Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City	State	Zip Code
Pilot Mountain	NC	27041

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

Transaction ID : 23FC9789-6C9C-4BDE-A

Amount of Each Disbursement this Period

42.36

Full Name (Last, First, Middle Initial)

C. Mr. Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City	State	Zip Code
Pilot Mountain	NC	27041

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

Transaction ID : 1C19527F-15CF-4AEB-B

Amount of Each Disbursement this Period

78.60

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

282.21

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City	State	Zip Code
Pilot Mountain	NC	27041

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		08		2014

Transaction ID : 3A1BF0E0-1FF3-488B-A

Amount of Each Disbursement this Period

273.85

Full Name (Last, First, Middle Initial)

B. Mr. Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City	State	Zip Code
Pilot Mountain	NC	27041

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2014

Transaction ID : 68D40858-A9BC-41E0-A

Amount of Each Disbursement this Period

79.50

Full Name (Last, First, Middle Initial)

C. Mr. Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City	State	Zip Code
Pilot Mountain	NC	27041

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2014

Transaction ID : D8BEF3C4-9270-4D66-A

Amount of Each Disbursement this Period

125.49

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

478.84

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Mr. Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City	State	Zip Code
Pilot Mountain	NC	27041

Purpose of Disbursement	Travel reimbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement



Transaction ID : 36919868-84C0-4097-8

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	15
25-34	20
35-44	25
45-54	30
55-64	35
65-74	40
75-84	45
85+	7.35

Full Name (Last, First, Middle Initial)

B. Mr. Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City	State	Zip Code
Pilot Mountain	NC	27041

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

07 / 18 / 2014

Transaction ID : 7F81F676-4106-4C28-A

Amount of Each Disbursement this Period

8.01

Full Name (Last, First, Middle Initial)

C. Mr. Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City	State	Zip Code
Pilot Mountain	NC	27041

Purpose of Disbursement	Travel reimbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : A8FC28C3-848D-4FAF-B

Amount of Each Disbursement this Period

Categoría	Porcentaje
Estudiantes que no aprobaron el examen	20.40

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

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

35.76

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City	State	Zip Code
Pilot Mountain	NC	27041

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : EC6CF6CD-E2C1-45B2-A

Amount of Each Disbursement this Period

25.20

Full Name (Last, First, Middle Initial)

B. Mr. Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City	State	Zip Code
Pilot Mountain	NC	27041

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : FC513CF2-A861-4E3D-A

Amount of Each Disbursement this Period

25.33

Full Name (Last, First, Middle Initial)

C. Mr. Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City	State	Zip Code
Pilot Mountain	NC	27041

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 6636AA0B-CF4E-4B24-A

Amount of Each Disbursement this Period

7.35

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

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

57.88

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City	State	Zip Code
Pilot Mountain	NC	27041

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : ADEB8AE6-C84D-4286-B

Amount of Each Disbursement this Period

8.01

Full Name (Last, First, Middle Initial)

B. Mr. Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City	State	Zip Code
Pilot Mountain	NC	27041

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : B1873658-64B4-484A-8

Amount of Each Disbursement this Period

8.88

Full Name (Last, First, Middle Initial)

C. Mr. Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City	State	Zip Code
Pilot Mountain	NC	27041

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 497C5D98-D517-465D-9

Amount of Each Disbursement this Period

9.15

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

26.04

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City	State	Zip Code
Pilot Mountain	NC	27041

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 19C7EF52-AA68-4758-A

Amount of Each Disbursement this Period

11.09

Full Name (Last, First, Middle Initial)

B. Mr. Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City	State	Zip Code
Pilot Mountain	NC	27041

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 9395E2DD-8397-4FB7-B

Amount of Each Disbursement this Period

12.87

Full Name (Last, First, Middle Initial)

C. Mr. Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City	State	Zip Code
Pilot Mountain	NC	27041

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 50C6C480-CDF8-46D4-8

Amount of Each Disbursement this Period

15.77

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

39.73

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City State Zip Code
Pilot Mountain NC 27041

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 25 2014

Transaction ID : 91BE0F59-C42A-4315-8

Amount of Each Disbursement this Period

19.29

Full Name (Last, First, Middle Initial)

B. Mr. Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City State Zip Code
Pilot Mountain NC 27041

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 25 2014

Transaction ID : 0C60CED8-CB00-4179-8

Amount of Each Disbursement this Period

20.10

Full Name (Last, First, Middle Initial)

C. Mr. Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City State Zip Code
Pilot Mountain NC 27041

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 25 2014

Transaction ID : AC560991-F172-44A7-A

Amount of Each Disbursement this Period

20.40

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

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

59.79

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☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Mr. Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City	State	Zip Code
Pilot Mountain	NC	27041

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 6127667A-FD32-46EE-8

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	20.55
25-34	18.18
35-44	16.36
45-54	14.55
55-64	12.73
65-74	10.91
75-84	9.09
85+	7.27

Full Name (Last, First, Middle Initial)

B. Mr. Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City	State	Zip Code
Pilot Mountain	NC	27041

Purpose of Disbursement	Travel reimbursement

Candidate Name	Score
John Doe	85
Jane Smith	78
Michael Johnson	92
Sarah Williams	88
David Brown	75
Emily Davis	82
James Wilson	79
Alice Miller	86
Robert Taylor	73
Laura Anderson	89
Christopher Lee	76
Michelle Garcia	83
Daniel Martinez	77
Olivia Hernandez	87
Matthew King	74
Sophia Lopez	81
Andrew White	72
Isabella Scott	84
Benjamin Adams	71
Mia Baker	80
Ethan Green	70
Ava Hall	82
Noah Young	75
Charlotte King	85
Liam Wright	78
Amelia Scott	88
Lucas Adams	73
Harper Baker	81
Elijah Green	76
Evelyn Hall	83
Sebastian Young	72
Abigail King	86
Isaac Wright	74
Chloe Scott	80
Wyatt Adams	77
Madison Baker	84
Grayson Green	71
Skylar Hall	82
Levi Young	75
Brooklyn King	87
Isaiah Wright	73
Joseph Scott	81
Chloe Adams	76
Samuel Baker	83
Chloe Green	72
Isaiah Hall	85
Chloe Young	78
Isaiah King	89
Chloe Wright	74
Isaiah Scott	82
Chloe Adams	77
Isaiah Baker	84
Chloe Green	71
Isaiah Hall	80
Chloe Young	75
Isaiah King	86
Chloe Wright	73
Isaiah Scott	81
Chloe Adams	76
Isaiah Baker	83
Chloe Green	72
Isaiah Hall	85
Chloe Young	78
Isaiah King	89
Chloe Wright	74
Isaiah Scott	82
Chloe Adams	77
Isaiah Baker	84
Chloe Green	71
Isaiah Hall	80
Chloe Young	75
Isaiah King	86
Chloe Wright	73
Isaiah Scott	81
Chloe Adams	76
Isaiah Baker	83
Chloe Green	72
Isaiah Hall	85
Chloe Young	78
Isaiah King	89
Chloe Wright	74
Isaiah Scott	82
Chloe Adams	77
Isaiah Baker	84
Chloe Green	71
Isaiah Hall	80
Chloe Young	75
Isaiah King	86
Chloe Wright	73
Isaiah Scott	81
Chloe Adams	76
Isaiah Baker	83
Chloe Green	72
Isaiah Hall	85
Chloe Young	78
Isaiah King	89
Chloe Wright	74
Isaiah Scott	82
Chloe Adams	77
Isaiah Baker	84
Chloe Green	71
Isaiah Hall	80
Chloe Young	75
Isaiah King	86
Chloe Wright	73
Isaiah Scott	81
Chloe Adams	76
Isaiah Baker	83
Chloe Green	72
Isaiah Hall	85
Chloe Young	78
Isaiah King	89
Chloe Wright	74
Isaiah Scott	82
Chloe Adams	77
Isaiah Baker	84
Chloe Green	71
Isaiah Hall	80
Chloe Young	75
Isaiah King	86
Chloe Wright	73
Isaiah Scott	81
Chloe Adams	76
Isaiah Baker	83
Chloe Green	72
Isaiah Hall	85
Chloe Young	78
Isaiah King	89
Chloe Wright	74
Isaiah Scott	82
Chloe Adams	77
Isaiah Baker	84
Chloe Green	71
Isaiah Hall	80
Chloe Young	75
Isaiah King	86
Chloe Wright	73
Isaiah Scott	81
Chloe Adams	76
Isaiah Baker	83
Chloe Green	72
Isaiah Hall	85
Chloe Young	78
Isaiah King	89
Chloe Wright	74
Isaiah Scott	82
Chloe Adams	77
Isaiah Baker	84
Chloe Green	71
Isaiah Hall	80
Chloe Young	75
Isaiah King	86
Chloe Wright	73
Isaiah Scott	81
Chloe Adams	76
Isaiah Baker	83
Chloe Green	72
Isaiah Hall	85
Chloe Young	78
Isaiah King	89
Chloe Wright	74
Isaiah Scott	82
Chloe Adams	77
Isaiah Baker	84
Chloe Green	71
Isaiah Hall	80
Chloe Young	75
Isaiah King</	

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

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

07 / 25 / 2014

Transaction ID : 95FF2864-208B-40B2-8

Amount of Each Disbursement this Period

31.89

Full Name (Last, First, Middle Initial)

C. Mr. Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City	State	Zip Code
Pilot Mountain	NC	27041

Purpose of Disbursement	Travel reimbursement

Candidate Name

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

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

07 / 25 / 2014

Transaction ID : 8B86DF3F-F437-445E-B

Amount of Each Disbursement this Period

38.42

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

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

Response	Percentage
Yes	90.86

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City	State	Zip Code
Pilot Mountain	NC	27041

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : E70EE867-ED4D-482A-B

Amount of Each Disbursement this Period

46.20

Full Name (Last, First, Middle Initial)

B. Mr. Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City	State	Zip Code
Pilot Mountain	NC	27041

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : E6FBAE23-3961-4304-B

Amount of Each Disbursement this Period

70.50

Full Name (Last, First, Middle Initial)

C. Mr. Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City	State	Zip Code
Pilot Mountain	NC	27041

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 98C57014-5EA8-4609-B

Amount of Each Disbursement this Period

71.40

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

188.10

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City	State	Zip Code
Pilot Mountain	NC	27041

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 75625A8C-82CB-4407-B

Amount of Each Disbursement this Period

107.59

Full Name (Last, First, Middle Initial)

B. Mr. Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City	State	Zip Code
Pilot Mountain	NC	27041

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 64835025-F038-497E-8

Amount of Each Disbursement this Period

180.00

Full Name (Last, First, Middle Initial)

C. Mr. Kevin Shinault

Mailing Address 175 Hillcrest Ct.

City	State	Zip Code
Pilot Mountain	NC	27041

Purpose of Disbursement
Salary

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 4982AEF1-F21D-4A06-9

Amount of Each Disbursement this Period

2363.75

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2651.34

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Ms. Marie Guillot

Mailing Address 207 N Demanade Blvd

City State Zip Code
Lafayette LA 70503

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 25 2014

Transaction ID : 288AA986-B110-4F34-A

Amount of Each Disbursement this Period

1307.58

Full Name (Last, First, Middle Initial)

B. Ms. Marie Guillot

Mailing Address 207 N Demanade Blvd

City State Zip Code
Lafayette LA 70503

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 16 2014

Transaction ID : C11C4BAB-1542-4FA6-A

Amount of Each Disbursement this Period

94.80

Full Name (Last, First, Middle Initial)

C. Ms. Marie Guillot

Mailing Address 207 N Demanade Blvd

City State Zip Code
Lafayette LA 70503

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 18 2014

Transaction ID : 37A98E74-8B2F-4E58-B

Amount of Each Disbursement this Period

12.60

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

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

1414.98

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Regina Wilson

Mailing Address 2020 Hinson Loop road

City Little Rock State AR Zip Code 72212

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 14 2014

Transaction ID : F0A12B3E-7840-4486-B

Amount of Each Disbursement this Period

823.21

Full Name (Last, First, Middle Initial)

B. Regina Wilson

Mailing Address 2020 Hinson Loop road

City Little Rock State AR Zip Code 72212

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 15 2014

Transaction ID : 52835D4C-AF07-4673-8

Amount of Each Disbursement this Period

893.93

Full Name (Last, First, Middle Initial)

C. Regina Wilson

Mailing Address 2020 Hinson Loop road

City Little Rock State AR Zip Code 72212

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 03 2014

Transaction ID : 51216AAC-D35D-48EB-8

Amount of Each Disbursement this Period

11.64

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1728.78

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Regina Wilson

Mailing Address 2020 Hinson Loop road

City Little Rock State AR Zip Code 72212

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 04 2014

Transaction ID : 63EA23C2-9CA9-4F8A-A

Amount of Each Disbursement this Period

13.38

Full Name (Last, First, Middle Initial)

B. Regina Wilson

Mailing Address 2020 Hinson Loop road

City Little Rock State AR Zip Code 72212

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 04 2014

Transaction ID : 65EC663C-F8A7-4B8D-9

Amount of Each Disbursement this Period

47.87

Full Name (Last, First, Middle Initial)

C. Regina Wilson

Mailing Address 2020 Hinson Loop road

City Little Rock State AR Zip Code 72212

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 04 2014

Transaction ID : 8B034C7E-9C7E-4923-9

Amount of Each Disbursement this Period

142.91

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

204.16

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Ursula Anderson

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Mailing Address 210 Cooper Drive

Transaction ID : CCCDC121-FAB6-42ED-B

City	State	Zip Code
Lafayette	LA	70501

Amount of Each Disbursement this Period

Purpose of Disbursement
Salary

001

1385.25

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Laurie Lee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		09		2014

Mailing Address 11104 Westpoint Court

Transaction ID : 89028DDD-66D2-462E-B

Amount of Each Disbursement this Period

City	State	Zip Code
Little Rock	AR	72211

Purpose of Disbursement
Consulting

001

6000.00

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. Laurie Lee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

Mailing Address 11104 Westpoint Court

Transaction ID : C95DD916-2707-44CC-A

Amount of Each Disbursement this Period

City	State	Zip Code
Little Rock	AR	72211

Purpose of Disbursement
Travel reimbursement

002

4.27

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State: District:

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

7389.52

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Laurie Lee

Mailing Address 11104 Westpoint Court

City Little Rock	State AR	Zip Code 72211

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

Transaction ID : 3D2343BF-3D10-46A2-B

Amount of Each Disbursement this Period

36.00

Full Name (Last, First, Middle Initial)

B. Laurie Lee

Mailing Address 11104 Westpoint Court

City Little Rock	State AR	Zip Code 72211

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

Transaction ID : 8133CDC7-5119-4ACC-B

Amount of Each Disbursement this Period

142.64

Full Name (Last, First, Middle Initial)

C. Laurie Lee

Mailing Address 11104 Westpoint Court

City Little Rock	State AR	Zip Code 72211

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

Transaction ID : 1F46B221-2FF0-40B5-8

Amount of Each Disbursement this Period

423.28

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

601.92

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Laurie Lee

Mailing Address 11104 Westpoint Court

City Little Rock State AR Zip Code 72211

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2014

Transaction ID : 6E4EA2E4-0DEC-4A02-9

Amount of Each Disbursement this Period

198.00

Full Name (Last, First, Middle Initial)

B. Christopher Crawford

Mailing Address 18 Fairhaven road

City Nashua State NH Zip Code 03060

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 642606C2-5364-4D39-8

Amount of Each Disbursement this Period

6.41

Full Name (Last, First, Middle Initial)

C. Christopher Crawford

Mailing Address 18 Fairhaven road

City Nashua State NH Zip Code 03060

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : A836AFD7-1397-42F9-8

Amount of Each Disbursement this Period

20.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

224.41

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Christopher Crawford

Mailing Address 18 Fairhaven road

City	State	Zip Code
Nashua	NH	03060

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : B203123A-9C77-4915-8

Amount of Each Disbursement this Period

23.50

Full Name (Last, First, Middle Initial)

B. Christopher Crawford

Mailing Address 18 Fairhaven road

City	State	Zip Code
Nashua	NH	03060

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : D00111AA-0A21-46E6-B

Amount of Each Disbursement this Period

24.99

Full Name (Last, First, Middle Initial)

C. Christopher Crawford

Mailing Address 18 Fairhaven road

City	State	Zip Code
Nashua	NH	03060

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : AA12C66E-E71D-44DB-A

Amount of Each Disbursement this Period

48.60

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

97.09

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Christopher Crawford

Mailing Address 18 Fairhaven road

City	State	Zip Code
Nashua	NH	03060

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : A6A6101A-8BE2-4AF9-A

Amount of Each Disbursement this Period

90.78

Full Name (Last, First, Middle Initial)

B. Christopher Crawford

Mailing Address 18 Fairhaven road

City	State	Zip Code
Nashua	NH	03060

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 39D61C12-7122-4DFD-A

Amount of Each Disbursement this Period

145.24

Full Name (Last, First, Middle Initial)

C. Christopher Crawford

Mailing Address 18 Fairhaven road

City	State	Zip Code
Nashua	NH	03060

Purpose of Disbursement
Salary

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		11		2014

Transaction ID : 13386458-5894-4173-B

Amount of Each Disbursement this Period

1100.75

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1336.77

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Christopher Crawford

Mailing Address 18 Fairhaven road

City Nashua State NH Zip Code 03060

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 25 2014
Transaction ID : 904AA77F-E43E-4ABD-8

Amount of Each Disbursement this Period

1100.75

Full Name (Last, First, Middle Initial)

B. Jennifer Gross

Mailing Address 1707 L St, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 25 2014
Transaction ID : B69D00F4-5E9E-481D-9

Amount of Each Disbursement this Period

1717.42

Full Name (Last, First, Middle Initial)

C. Michelle Rickert

Mailing Address 710 St. Martins Lane

City Bossier City State LA Zip Code 71111

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 25 2014
Transaction ID : FCCD577B-9367-4D1E-9

Amount of Each Disbursement this Period

2506.50

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5324.67

SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Michelle Rickert

Mailing Address 710 St. Martins Lane

City Bossier City State LA Zip Code 71111

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 23 2014
Transaction ID : 7DA38ABF-5A34-4CA3-8

Amount of Each Disbursement this Period

70.07

Full Name (Last, First, Middle Initial)

B. Michelle Rickert

Mailing Address 710 St. Martins Lane

City Bossier City State LA Zip Code 71111

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 25 2014
Transaction ID : 2A187D0E-41B3-4720-9

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. Michelle Rickert

Mailing Address 710 St. Martins Lane

City Bossier City State LA Zip Code 71111

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 25 2014
Transaction ID : D4BC7F4D-3F54-4414-9

Amount of Each Disbursement this Period

51.86

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

141.93

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Michelle Rickert

Mailing Address 710 St. Martins Lane

City	State	Zip Code
Bossier City	LA	71111

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 7977D26C-CF01-4513-A

Amount of Each Disbursement this Period

105.23

Full Name (Last, First, Middle Initial)

B. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City	State	Zip Code
Bakersville	NC	28705

Purpose of Disbursement
Salary

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : C2F004D4-6A6E-49C9-8

Amount of Each Disbursement this Period

2248.44

Full Name (Last, First, Middle Initial)

C. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City	State	Zip Code
Bakersville	NC	28705

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2014

Transaction ID : 3B430607-B480-4DE3-B

Amount of Each Disbursement this Period

38.03

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2391.70

SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City	State	Zip Code
Bakersville	NC	28705

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2014

Transaction ID : E69AFAF8-90B5-4EDC-B

Amount of Each Disbursement this Period

44.53

Full Name (Last, First, Middle Initial)

B. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City	State	Zip Code
Bakersville	NC	28705

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2014

Transaction ID : FC8C524C-FCDE-4348-B

Amount of Each Disbursement this Period

178.21

Full Name (Last, First, Middle Initial)

C. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City	State	Zip Code
Bakersville	NC	28705

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : 23C047B0-C7B5-417B-8

Amount of Each Disbursement this Period

12.66

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

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

235.40

**SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City Bakersville State NC Zip Code 28705

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014
Transaction ID : 51B94008-01A4-4CDD-9

Amount of Each Disbursement this Period

21.09

Full Name (Last, First, Middle Initial)

B. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City Bakersville State NC Zip Code 28705

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014
Transaction ID : F4228853-F256-409E-8

Amount of Each Disbursement this Period

51.61

Full Name (Last, First, Middle Initial)

C. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City Bakersville State NC Zip Code 28705

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014
Transaction ID : E4DB38DC-26DA-4C13-8

Amount of Each Disbursement this Period

114.55

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

187.25

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City	State	Zip Code
Bakersville	NC	28705

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2014

Transaction ID : 5957235A-7A46-4C29-9

Amount of Each Disbursement this Period

134.85

Full Name (Last, First, Middle Initial)

B. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City	State	Zip Code
Bakersville	NC	28705

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : D4425035-43CE-4702-9

Amount of Each Disbursement this Period

8.19

Full Name (Last, First, Middle Initial)

C. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City	State	Zip Code
Bakersville	NC	28705

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 080F46EC-A62B-4C1C-B

Amount of Each Disbursement this Period

12.66

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

155.70

SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City	State	Zip Code
Bakersville	NC	28705

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2014

Transaction ID : 6DAEF8F9-FDAE-45A8-8

Amount of Each Disbursement this Period

12.66

Full Name (Last, First, Middle Initial)

B. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City	State	Zip Code
Bakersville	NC	28705

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2014

Transaction ID : F3413316-3E12-4E56-9

Amount of Each Disbursement this Period

19.99

Full Name (Last, First, Middle Initial)

C. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City	State	Zip Code
Bakersville	NC	28705

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2014

Transaction ID : 2A84FE68-16D0-4F6F-A

Amount of Each Disbursement this Period

24.55

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

57.20

SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City Bakersville State NC Zip Code 28705

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 25 2014
Transaction ID : 9B97037C-3054-4092-8

Amount of Each Disbursement this Period

46.11

Full Name (Last, First, Middle Initial)

B. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City Bakersville State NC Zip Code 28705

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 25 2014
Transaction ID : 73D34E5C-137F-4241-B

Amount of Each Disbursement this Period

51.61

Full Name (Last, First, Middle Initial)

C. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City Bakersville State NC Zip Code 28705

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 25 2014
Transaction ID : 3F567959-20E7-4479-A

Amount of Each Disbursement this Period

114.55

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

212.27

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City	State	Zip Code
Bakersville	NC	28705

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : F97DBE6B-4897-4BD7-A

Amount of Each Disbursement this Period

134.85

Full Name (Last, First, Middle Initial)

B. Andresen Blom

Mailing Address 101 Asbury Ct.

City	State	Zip Code
Winchester	VA	22602

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2014

Transaction ID : FF71B2DE-96D8-4B42-9

Amount of Each Disbursement this Period

26.38

Full Name (Last, First, Middle Initial)

C. Andresen Blom

Mailing Address 101 Asbury Ct.

City	State	Zip Code
Winchester	VA	22602

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2014

Transaction ID : 63491865-C617-42B7-A

Amount of Each Disbursement this Period

110.92

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

272.15

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☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Andresen Blom

Date of Disbursement

Transaction ID : 63DFF7E4-7C01-43E9-8

001

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B. Dick Wadhams

Date of Disbursement

07 / 15 / 2014

Mailing Address 6388 South Chase Court

City	State	Zip Code
Littleton	CO	80123

Transaction ID : 3A0D3CF5-43E8-48E8-9

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

C. Majority Connections

Date of Disbursement

Mailing Address 10 Pinnacle Rd

City	State	Zip Code
Durham	NC	27705

Transaction ID : FB8ACF21-60AE-4F68-9

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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

11500.00

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 PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. The Carlyle Gregory Company, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2014

Mailing Address 140 Little Falls St.
Suite 104

City Falls Church State VA Zip Code 22046

Purpose of Disbursement
June Consulting Fee

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : 190919BE-223D-4715-A

Amount of Each Disbursement this Period

666.66

Full Name (Last, First, Middle Initial)

B. The Carlyle Gregory Company, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2014

Mailing Address 140 Little Falls St.
Suite 104

City Falls Church State VA Zip Code 22046

Purpose of Disbursement
June Consulting Fee

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : B882EC1D-F595-486C-8

Amount of Each Disbursement this Period

666.67

Full Name (Last, First, Middle Initial)

C. The Carlyle Gregory Company, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2014

Mailing Address 140 Little Falls St.
Suite 104

City Falls Church State VA Zip Code 22046

Purpose of Disbursement
June Consulting Fee

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : 6C291DE0-1F71-4C9C-A

Amount of Each Disbursement this Period

666.67

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

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

2000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Barry Bostrom

Mailing Address 24254 N 8th St

City	State	Zip Code
Terre Haute	IN	47804

Purpose of Disbursement
Legal

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2014

Transaction ID : 2B3FA0D3-7E38-4D5D-B

Amount of Each Disbursement this Period

385.00

Full Name (Last, First, Middle Initial)

B. Webster, Chamberlain & Bean

Mailing Address 1747 Pennsylvania Ave, NW

City	State	Zip Code
Washington	DC	20006

Purpose of Disbursement
Legal

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		14		2014

Transaction ID : 0366D3DB-88D7-410E-8

Amount of Each Disbursement this Period

152.33

Full Name (Last, First, Middle Initial)

C. Webster, Chamberlain & Bean

Mailing Address 1747 Pennsylvania Ave, NW

City	State	Zip Code
Washington	DC	20006

Purpose of Disbursement
Legal

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		14		2014

Transaction ID : DC68E779-7C50-4F98-A

Amount of Each Disbursement this Period

152.33

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

689.66

☒	21b	☐	22	☐	23	☐	24	☐	25	☐	26
☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Webster, Chamberlain & Bean

Mailing Address 1747 Pennsylvania Ave, NW

City	State	Zip Code
Washington	DC	20006

Purpose of Disbursement	Legal

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : 631EEF28-8258-4DAF-8

Amount of Each Disbursement this Period

152.34

Full Name (Last, First, Middle Initial)

B. Beene Office Park, LLC

Mailing Address 2250 Hospital Drive
Suite 220

City	State	Zip Code
Bossier City	LA	71111

Purpose of Disbursement
Rent

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

07 / 23 / 2014

Transaction ID : DBBE6467-3BA6-4D19-B

Amount of Each Disbursement this Period

911.00

Full Name (Last, First, Middle Initial)

C. C&K Properties

Mailing Address 6350 Cephis Drive

City	State	Zip Code
Clemmons	NC	27012

Purpose of Disbursement
Rent

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : 4E7B8DB0-76FE-4398-B

Amount of Each Disbursement this Period

995.00

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

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

2058.34

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Centrex PropertiesMailing Address 4040 Ed Drive
Suite 210

City Raleigh State NC Zip Code 27607

Purpose of Disbursement
Rent

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2014

Transaction ID : DAB22139-CF31-4703-B

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

B. Colonial Properties

Mailing Address 5100 South Thompson St.

City Springfield State AR Zip Code 72764

Purpose of Disbursement
Rent

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2014

Transaction ID : 0045B607-FE4F-4774-A

Amount of Each Disbursement this Period

695.00

Full Name (Last, First, Middle Initial)

C. David Hostetler

Mailing Address 215 N Main St

City Belmont State NC Zip Code 28012

Purpose of Disbursement
Rent

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2014

Transaction ID : 4D8B5E8D-EBE0-4E59-A

Amount of Each Disbursement this Period

900.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2795.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Douglas Young

Mailing Address 65 Crimson Laurel Way

City	State	Zip Code
Bakersville	NC	28705

Purpose of Disbursement
Rent

Candidate Name

001

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2014

Transaction ID : 946D9126-A83B-4C70-8

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

B. Dueling Oak, LLC

Mailing Address PO Box 1026

City	State	Zip Code
Madisonville	LA	70447

Purpose of Disbursement
Rent

Candidate Name

001

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2014

Transaction ID : FBD3C798-15BD-4A0D-B

Amount of Each Disbursement this Period

950.00

Full Name (Last, First, Middle Initial)

C. Herbert Taylor

Mailing Address 4809 Red Heart Drive

City	State	Zip Code
Wilmington	NC	28412

Purpose of Disbursement
Rent

Candidate Name

001

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		08		2014

Transaction ID : 0F12F5A3-493D-4990-B

Amount of Each Disbursement this Period

875.00

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

2525.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Highway 10 Office Park, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2014

Mailing Address 1 Allied Drive
Suite 1500

City Little Rock State AR Zip Code 72202

Purpose of Disbursement
Rent

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : B696C24F-62AE-43FF-B

Amount of Each Disbursement this Period

850.00

Full Name (Last, First, Middle Initial)

B. Jay Canella

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		15		2014

Mailing Address 3914 Lake Sherwood Ave

City East Batoun Rouge State LA Zip Code 70816

Purpose of Disbursement
Rent

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : 929D7968-693C-4915-B

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JSZ Property Management

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2014

Mailing Address 1507 East Race

City Searcy State AR Zip Code 72143

Purpose of Disbursement
Rent

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : 43F26FDC-6E2E-41D8-B

Amount of Each Disbursement this Period

550.00

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

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

2400.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Orleans Place, LLC

Mailing Address PO Box 52592

City Lafayette	State LA	Zip Code 70505

Purpose of Disbursement
Rent

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2014

Transaction ID : 4730105D-F7D5-4B7A-B

Amount of Each Disbursement this Period

900.00

Full Name (Last, First, Middle Initial)

B. Time Warner Cable

Mailing Address PO 70872

City Charlotte	State NC	Zip Code 28272

Purpose of Disbursement
Utilities

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		09		2014

Transaction ID : 3FE50030-A4CA-40EA-B

Amount of Each Disbursement this Period

168.71

Full Name (Last, First, Middle Initial)

C. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills	State CA	Zip Code 91367

Purpose of Disbursement
Credit Card Processing

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2014

Transaction ID : F8E44495-ED38-4C52-B

Amount of Each Disbursement this Period

4.37

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1073.08

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. MTOT Disc BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

Transaction ID : 8301596F-98C1-4712-8

Amount of Each Disbursement this Period

143.60

Full Name (Last, First, Middle Initial)

B. Emily BuchananMailing Address 1707 L St, NW
Suite 550

City Washington State DC Zip Code 20036

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 681AEAEF-C1FC-4012-B

Amount of Each Disbursement this Period

1268.16

Full Name (Last, First, Middle Initial)

C. Marjorie DannenfelserMailing Address 1707 L St, NW
Suite 350

City Washington State DC Zip Code 20036

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 96611F80-D122-4040-8

Amount of Each Disbursement this Period

1174.52

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2586.28

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Marilyn J Filiatreau

Mailing Address 3 Putter Cove

City	State	Zip Code
Sherwood	AR	72120

Purpose of Disbursement
Salary

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : BBF695C4-9F27-48E1-8

Amount of Each Disbursement this Period

1750.33

Full Name (Last, First, Middle Initial)

B. Hope M Miller

Mailing Address 1966 Cherokee Street

City	State	Zip Code
Baton Rouge	LA	70806

Purpose of Disbursement
Salary

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 686C6FBB-F5B8-4404-8

Amount of Each Disbursement this Period

875.17

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address PO Box 657

City	State	Zip Code
Evansville	IN	47704

Purpose of Disbursement
Telephone

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		16		2014

Transaction ID : 1B239822-6F1D-46EE-A

Amount of Each Disbursement this Period

6369.44

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8994.94

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Bamberger, Foreman, Oswald & Hahn, LLP

Mailing Address PO Box 657

City	State	Zip Code
Evansville	IN	47704

Purpose of Disbursement
Legal

Candidate Name

001

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		07		2014

Transaction ID : B114FA37-682A-4062-A

Amount of Each Disbursement this Period

1222.38

Full Name (Last, First, Middle Initial)

B. Bamberger, Foreman, Oswald & Hahn, LLP

Mailing Address PO Box 657

City	State	Zip Code
Evansville	IN	47704

Purpose of Disbursement
Legal

Candidate Name

001

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		07		2014

Transaction ID : AB0BC9E0-A3ED-4420-9

Amount of Each Disbursement this Period

1222.38

Full Name (Last, First, Middle Initial)

C. Bamberger, Foreman, Oswald & Hahn, LLP

Mailing Address PO Box 657

City	State	Zip Code
Evansville	IN	47704

Purpose of Disbursement
Legal

Candidate Name

001

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		07		2014

Transaction ID : 9D63E341-4637-4D99-B

Amount of Each Disbursement this Period

1222.38

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

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

3667.14

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

Full Name (Last, First, Middle Initial)

A. Cleco Power, LLC

Mailing Address PO Box

City	State	Zip Code
Dallas	TX	75266

Purpose of Disbursement
Utilities

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2014

Transaction ID : CE5A5212-96CF-40CE-A

Amount of Each Disbursement this Period

312.50

Full Name (Last, First, Middle Initial)

B. Duke Energy

Mailing Address PO Box 70516

City	State	Zip Code
Charlotte	NC	28272

Purpose of Disbursement
Utilities

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		16		2014

Transaction ID : 3FE4CEC0-3354-43B1-A

Amount of Each Disbursement this Period

48.16

Full Name (Last, First, Middle Initial)

C. Entergy Arkansas, Inc.

Mailing Address PO Box 8101

City	State	Zip Code
Baton Rouge	LA	70891

Purpose of Disbursement
Utilities

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		02		2014

Transaction ID : 638D1AC0-1F80-480F-9

Amount of Each Disbursement this Period

73.21

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

433.87

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)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Merrill Lynch

Mailing Address 100 E Pratt St 22nd Floor

City Baltimore State MD Zip Code 21202

Purpose of Disbursement
Loss on stock donation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 4C7FE74D-C5E4-4A43-9

Amount of Each Disbursement this Period

1236.46

Full Name (Last, First, Middle Initial)

B. Sudden Link Business Office

Mailing Address 1820 S SW Loop 323

City Tyler State TX Zip Code 75701

Purpose of Disbursement
Office Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : ABEB3747-39DF-4043-8

Amount of Each Disbursement this Period

544.95

Full Name (Last, First, Middle Initial)

C. Joanne Filiatreau

Mailing Address 3 Putter Cove

City Sherwood State AR Zip Code 72120

Purpose of Disbursement
Travel reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2014

Transaction ID : C6E14FF5-8E12-4711-9

Amount of Each Disbursement this Period

10.59

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

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

1792.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Joanne Filiatreau

Mailing Address 3 Putter Cove

City	State	Zip Code
Sherwood	AR	72120

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : B9B8996C-D663-40F9-9

Amount of Each Disbursement this Period

19.60

Full Name (Last, First, Middle Initial)

B. Joanne Filiatreau

Mailing Address 3 Putter Cove

City	State	Zip Code
Sherwood	AR	72120

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2014

Transaction ID : 5BDA5C81-C123-4B8F-A

Amount of Each Disbursement this Period

72.06

Full Name (Last, First, Middle Initial)

C. Karen Bell

Mailing Address 1705 N Taylor St.

City	State	Zip Code
Little Rock	AR	72207

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

Transaction ID : FF84375D-754B-4C6D-8

Amount of Each Disbursement this Period

6.11

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

97.77

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Karen Bell

Mailing Address 1705 N Taylor St.

City	State	Zip Code
Little Rock	AR	72207

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

Transaction ID : C4A641E6-1488-4B38-A

Amount of Each Disbursement this Period

13.98

Full Name (Last, First, Middle Initial)

B. Karen Bell

Mailing Address 1705 N Taylor St.

City	State	Zip Code
Little Rock	AR	72207

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

Transaction ID : D8BD1972-2FB2-4CFD-B

Amount of Each Disbursement this Period

17.54

Full Name (Last, First, Middle Initial)

C. Karen Bell

Mailing Address 1705 N Taylor St.

City	State	Zip Code
Little Rock	AR	72207

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

Transaction ID : 5E3B97F2-010F-442C-A

Amount of Each Disbursement this Period

18.05

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

49.57

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Karen Bell

Mailing Address 1705 N Taylor St.

City	State	Zip Code
Little Rock	AR	72207

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

Transaction ID : 886DEB13-7780-4FB1-B

Amount of Each Disbursement this Period

22.00

Full Name (Last, First, Middle Initial)

B. Karen Bell

Mailing Address 1705 N Taylor St.

City	State	Zip Code
Little Rock	AR	72207

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

Transaction ID : 74A2B689-4D14-4B58-B

Amount of Each Disbursement this Period

36.21

Full Name (Last, First, Middle Initial)

C. Karen Bell

Mailing Address 1705 N Taylor St.

City	State	Zip Code
Little Rock	AR	72207

Purpose of Disbursement
Travel reimbursement

Candidate Name

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

Disbursement For:	☐ Primary ☐ General
	☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

Transaction ID : E3B326C8-69BF-44AC-A

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

108.21

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Karen Bell

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2014

Mailing Address 1705 N Taylor St.

Transaction ID : 95E7CFEA-F36C-4AA7-B

City	State	Zip Code
Little Rock	AR	72207

Amount of Each Disbursement this Period

Purpose of Disbursement
Travel reimbursement

002

127.60

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

State: District:

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

127.60

265815.04

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 137 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Belinda Blake			Date of Public Distribution/Dissemination 07 / 01 / 2014	
Mailing Address 7214 Duchamp Dr.			Amount 50.00	
City Char	State NC	Zip Code 28215	Transaction ID : 7ee91af7-eede-41b3-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Belinda Blake			Date of Public Distribution/Dissemination 07 / 01 / 2014	
Mailing Address 7214 Duchamp Dr.			Amount 9.30	
City Char	State NC	Zip Code 28215	Transaction ID : d6becdb8-fbc2-4f6b-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			59.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 138 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Sharon Lloyd			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014		
Mailing Address 4301 Lankford			Amount 20.00		
City Springdale		State AR	Zip Code 72762		Transaction ID : ceee9263-decc-41a8-8
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sharon Lloyd			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014		
Mailing Address 4301 Lankford			Amount 2.04		
City Springdale		State AR	Zip Code 72762		Transaction ID : 5fb9cda3-6d47-4eb8-b
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			22.04		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

Full Name of Payee Caleb Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 1410 Bushville drive		Amount 1.80	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 41da317b-639f-455c-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

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.

Full Name of Payee Jonathan Odette		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 9600 Earpsboro Chamblee Road		Amount 11.10	
City Wendell	State NC	Zip Code 27591	Transaction ID : e7eca1db-ad77-446a-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		61.10
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 141 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	

Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 7214 Duchamp Dr		Amount 50.00	
City Charlotte	State NC	Zip Code 23215	Transaction ID : ae633878-d13a-4efd-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 7214 Duchamp Dr		Amount 9.00	
City Charlotte	State NC	Zip Code 23215	Transaction ID : 1eebd0d5-20c8-4354-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	59.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 142 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Steven Best			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014		
Mailing Address 103 Washington Ave			Amount 50.00		
City Newport	State NC	Zip Code 28570	Transaction ID : 75c3d542-a07d-4c32-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Steven Best			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014		
Mailing Address 103 Washington Ave			Amount 13.53		
City Newport	State NC	Zip Code 28570	Transaction ID : 4807f3aa-2c03-4afb-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.53		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
Signature					

Full Name of Payee Anthony Buchanan			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014		
Mailing Address 1090 McHone Rd			Amount 6.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : b0ceb309-aae9-491c-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	26.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 144 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ms. Chassidy Menard			Date of Public Distribution/Dissemination 07 / 01 / 2014	
Mailing Address 515 Walter Dr.			Amount 25.00	
City Lafayette	State LA	Zip Code 70507	Transaction ID : 063d6648-e7c4-4c84-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Thomas Sisk			Date of Public Distribution/Dissemination 07 / 01 / 2014	
Mailing Address 3625 Chapelwood Drive			Amount 10.00	
City Gastonia	State NC	Zip Code 28025	Transaction ID : 6c19b261-8810-4365-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			35.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

Full Name of Payee Thomas Sisk		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 3625 Chapelwood Drive		Amount 1.50	
City Gastonia	State NC	Zip Code 28025	Transaction ID : 0bd99562-08b0-456d-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 1095959.94		District: 00 State: NC Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Branson Cambre		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 117 Middleburg Dr.		Amount 35.00	
City Lafayette	State LA	Zip Code 70508	Transaction ID : 2700fef9-af8c-4b0d-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 146 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY			
Full Name of Payee Branson Cambre		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 117 Middleburg Dr.		Amount 13.05	
City Lafayette	State LA	Zip Code 70508	Transaction ID : a9d32095-c698-438d-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Emily Butler		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 1676 Shady Creek Rd		Amount 32.50	
City Ayden	State NC	Zip Code 28513	Transaction ID : d00fb7da-3c5f-44f7-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		45.55	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 147 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Emily Butler			Date of Public Distribution/Dissemination 07 / 01 / 2014	
Mailing Address 1676 Shady Creek Rd			Amount 9.60	
City Ayden	State NC	Zip Code 28513	Transaction ID : 57951add-d137-49da-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee David Ford			Date of Public Distribution/Dissemination 07 / 01 / 2014	
Mailing Address 106 Hillside St			Amount 80.00	
City Spindale	State NC	Zip Code 28160	Transaction ID : 4000323d-060a-42ee-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			89.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 148 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee David Ford			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014		
Mailing Address 106 Hillside St			Amount 6.57		
City Spindale		State NC	Zip Code 28160		Transaction ID : 9347ff6c-8c16-47e5-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Mr. Haley Brown			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014		
Mailing Address 344 Natalie Drive			Amount 20.00		
City Winston-Salem		State NC	Zip Code 27030		Transaction ID : 4779f4a9-c60e-4988-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					26.57
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 149 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Mr. Haley Brown		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 344 Natalie Drive		Amount 5.10	
City Winston-Salem	State NC	Zip Code 27030	Transaction ID : 433520dd-1337-4d2e-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 1434 South Avenue		Amount 60.00	
City Eden	State NC	Zip Code 27288	Transaction ID : 35a1e98e-2b32-40e4-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		65.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Rebecca Deucher		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 4800 Vass Carthage Rd		Amount 45.00	
City Carthage	State NC	Zip Code 28394	Transaction ID : 362136c5-5b0a-4881-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

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.

Three digital display units are shown side-by-side, separated by slashes. The first unit displays '01' under 'MM' labels. The second unit displays '30' under 'DD' labels. The third unit displays '2015' under 'YYYY' labels. Each unit has a small square indicator below the display.

Full Name of Payee Mr. Alex Peyton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 859 Hicks Rd		Amount 60.00	
City Washington	State LA	Zip Code 70589	Transaction ID : 9ceda9d7-c020-41a6-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	65.55
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 152 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mr. Alex Peyton			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014		
Mailing Address 859 Hicks Rd			Amount 33.00		
City Washington		State LA	Zip Code 70589		Transaction ID : 9d95afaa-96b0-4ea7-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Petrina Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014		
Mailing Address 3007 Darden Rd			Amount 51.50		
City Greensboro		State NC	Zip Code 27407		Transaction ID : 69394f94-b9c2-4ceb-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			84.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		

Full Name of Payee Theresa A Touchet		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 102 French Street #3		Amount 27.50	
City New Orleans	State LA	Zip Code 70124	Transaction ID : 8d0c5ff8-2976-409d-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Steven Jean			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014		
Mailing Address 2012 Harrison Ave			Amount 25.00		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 953fe768-1c7e-4517-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	26.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Sierra Lovell		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 1059 Overlord Stage road		Amount 4.52	
City Rayville	State LA	Zip Code 71269	Transaction ID : 4169996b-864f-426c-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	
		☐ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.52
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 924 N. Prieur St		Amount 6.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : f1016e68-587a-442a-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	51.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Edwin H Parnell			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014		
Mailing Address 122 Olde Point Rd			Amount 7.65		
City Hampsted	State NC	Zip Code 28443	Transaction ID : 3c51dfb4-bddd-4613-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	57.65
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 2305 Cleary Ave		Amount 12.50	
City Metairie	State LA	Zip Code 70001	Transaction ID : ff85441d-969e-46b6-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 2305 Cleary Ave		Amount 0.90	
City Metairie	State LA	Zip Code 70001	Transaction ID : 18e2e2f0-fad6-4175-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____ District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	13.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Full Name of Payee Matt Gleb		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 3815 Robin Road		Amount 55.00	
City Ayden	State NC	Zip Code 28513	Transaction ID : b2fb3725-8ed4-4e7e-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 160 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Matt Gleb			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014		
Mailing Address 3815 Robin Road			Amount 5.40		
City Ayden	State NC	Zip Code 28513	Transaction ID : 0279126a-4180-4716-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Gosch Ellers			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014		
Mailing Address 377 Darlington Ave			Amount 50.00		
City Wilmington	State NC	Zip Code 28403	Transaction ID : ed392ebe-b98d-4c2e-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			55.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Roman Rys		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 635 Lotarche St		Amount 45.00	
City Greenville	State NC	Zip Code 27858	Transaction ID : de95a56e-19f8-430d-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ 60.30	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 162 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Roman Rys			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014		
Mailing Address 635 Lotarche St			Amount 3.66		
City Greenville		State NC	Zip Code 27858		Transaction ID : 1c0e9ef1-f34c-4709-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Melanie Slagle			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014		
Mailing Address 77 Southridge Drive			Amount 13.00		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : 27e9c0ee-d7a9-4df8-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			16.66		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015 [Electronically Filed]		

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 110 W Pecan St		Amount 40.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 4e82609d-204f-4943-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	43.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 164 OF 1704
FOR LINE 24 OF FORM 3X

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			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014		
Mailing Address 110 W Pecan St		Amount 29.10		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 14b2739a-7f6e-4bf9-b	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Solveig Lysne		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014		
Mailing Address 7121 Oyster Lane		Amount 24.10		
City Wilmington	State NC	Zip Code 28411	Transaction ID : 0e9b5cb3-b59b-4e5b-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		53.20		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) 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.				
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
		[Electronically Filed]		

Full Name of Payee Ms. Ashlen Sandoz		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 204 Ranger Place		Amount 15.00	
City Slidell	State LA	Zip Code 70115	Transaction ID : fd407b52-bf1a-44a0-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	23.31
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 166 OF 1704
FOR LINE 24 OF FORM 3X

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			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014		
Mailing Address 22369 Ponderosa Dr.		Amount 40.00		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 5b5478b3-5061-4b02-9	
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014		
Mailing Address 22369 Ponderosa Dr.		Amount 3.60		
City Mandeville	State LA	Zip Code 70471	Transaction ID : f59e3ad8-975a-44b1-b	
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		43.60		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature				M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 Ralph Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014		
Mailing Address 2090 Fancy Gap Rd			Amount 80.00		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 28ea171d-6814-487d-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014		
Mailing Address 2090 Fancy Gap Rd			Amount 14.64		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 7d0800f0-8b6e-498b-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	94.64
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 14.64	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 5727d29e-a635-4d67-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	1095959.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	94.64
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Rebecca Boyett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 36 Warren Street		Amount 0.30	
City Cabot	State AR	Zip Code 72023	Transaction ID : 98138644-070d-4fab-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	5.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Paul Rickert			Date of Public Distribution/Dissemination 07 / 01 / 2014		
Mailing Address 710 St. Martins Lane			Amount 25.00		
City Bossier City	State LA	Zip Code 71111	Transaction ID : 5ffcb302-3660-4646-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 01 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Paul Rickert			Date of Public Distribution/Dissemination 07 / 01 / 2014		
Mailing Address 710 St. Martins Lane			Amount 3.90		
City Bossier City	State LA	Zip Code 71111	Transaction ID : eb3a9efe-83e4-4575-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 01 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			28.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 01 / 30 / 2015		

Full Name of Payee John Voholetz		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 718 N MacMillan Avenue		Amount 3.30	
City Wilmington	State NC	Zip Code 28803	Transaction ID : 50ee12f7-2645-4512-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		53.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 172 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination 07 / 01 / 2014		
Mailing Address 205 Medallion Circle			Amount 20.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : da6e8b71-98a8-46c8-8 Date of Disbursement or Obligation 07 / 01 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination 07 / 01 / 2014		
Mailing Address 205 Medallion Circle			Amount 7.80		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 993d380a-47f0-4c43-9 Date of Disbursement or Obligation 07 / 01 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			27.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 173 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Tarrin Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 629 Radiance Ave		Amount 70.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : f7d9b18e-be86-4ba4-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 629 Radiance Ave		Amount 70.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 0d66a553-5695-45a4-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		140.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 174 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jon Linch			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014		
Mailing Address 6108 Harkins Ave			Amount 50.00		
City Little Rock		State AR	Zip Code 72210		Transaction ID : e086a872-2712-4229-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jon Linch			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014		
Mailing Address 6108 Harkins Ave			Amount 19.50		
City Little Rock		State AR	Zip Code 72210		Transaction ID : 2e8472d6-e428-4c3f-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			69.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 220 Doucet Rd		Amount 35.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : d086cc74-cdbb-438b-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 220 Doucet Rd		Amount 1.50	
City Lafayette	State LA	Zip Code 70503	Transaction ID : a484b2b3-e075-41e0-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 176 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Amy Eddie			Date of Public Distribution/Dissemination 07 / 01 / 2014		
Mailing Address 5006 Lakeview Road			Amount 30.00		
City North Little Rock		State AR	Zip Code 72116		Transaction ID : b00f1d62-28f3-4934-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 07 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Amy Eddie			Date of Public Distribution/Dissemination 07 / 01 / 2014		
Mailing Address 5006 Lakeview Road			Amount 3.60		
City North Little Rock		State AR	Zip Code 72116		Transaction ID : 2687821e-319b-47ad-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 07 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature _____ Ms. Emily Buchanan			Date 01 / 30 / 2015		

[Electronically Filed]

Full Name of Payee Andrew Shiver		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 110 Earlston Ct		Amount 18.30	
City Knightdale	State NC	Zip Code 27545	Transaction ID : 1f5a523c-2395-491a-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	68.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature

Full Name of Payee Beverly Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 3007 Darden Rd		Amount 17.10	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 626c0bd6-fd29-4da6-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ 114.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶
(c) TOTAL Independent Expenditures.....	▶

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Darius Beverly		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 157 Bishop Drive		Amount 35.00	
City Avondale	State LA	Zip Code 70094	Transaction ID : e216a387-773d-4791-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Full Name of Payee Ms. Dinah Beverly		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 157 Bishop Drive		Amount 4.20	
City Avondale	State LA	Zip Code 70064	Transaction ID : 43527a6f-b253-48a8-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 181 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee James Tatro		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014
Mailing Address 1208 Braeburn Rd		Amount 15.00
City Charlotte	State NC	Zip Code 28211
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : f0af297b-9288-4ff2-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee James Tatro		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014
Mailing Address 1208 Braeburn Rd		Amount 19.20
City Charlotte	State NC	Zip Code 28211
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : e981d69d-cc21-49dc-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	34.20
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 182 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014	
Mailing Address 9455 Snow Camp Road			Amount 80.00	
City Snowcamp		State NC	Zip Code 27349	
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014	
Mailing Address 9455 Snow Camp Road			Amount 7.50	
City Snowcamp		State NC	Zip Code 27349	
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 87.50				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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. Ms. Emily Buchanan _____ Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 183 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kenny Harris			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014	
Mailing Address 6412 Osage Dr			Amount 10.00	
City North Little rock		State AR	Zip Code 72116	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 98c3c71d-707d-476b-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kenny Harris			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014	
Mailing Address 6412 Osage Dr			Amount 0.90	
City North Little rock		State AR	Zip Code 72116	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : 6415ba28-a276-4ccb-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			10.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 184 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Brandon Ward		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014
Mailing Address 2838 Red Cut Loop Rd		Amount 15.00
City West Monroe	State LA	Zip Code 71292
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 9cd16aa9-642b-4c6b-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Brandon Ward		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014
Mailing Address 2838 Red Cut Loop Rd		Amount 6.60
City West Monroe	State LA	Zip Code 71292
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : a0ee3a90-3c69-459c-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	21.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 105 South Dale St		Amount 9.90	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 3ab0d8ed-b1b2-47e3-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	64.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 186 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 25.00		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 7e633038-67ab-4bd6-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 0.30		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 88781663-b179-442f-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			25.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 187 OF 1704
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Brian Saltzler		Date of Public Distribution/Dissemination 07 / 01 / 2014	
Mailing Address 601 S College Road		Amount 70.00	
City Wilmington	State NC	Zip Code 28403	Transaction ID : da44092c-60df-4b3c-b Date of Disbursement or Obligation 07 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____

Full Name of Payee Brian Saltzler		Date of Public Distribution/Dissemination 07 / 01 / 2014	
Mailing Address 601 S College Road		Amount 6.00	
City Wilmington	State NC	Zip Code 28403	Transaction ID : 88730893-ef8f-444b-8 Date of Disbursement or Obligation 07 / 01 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	76.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

01 / 30 / 2015

Signature

Full Name of Payee Kristian Pritchard		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 102 Hilltop Dr		Amount 7.80	
City West Monroe	State LA	Zip Code 71291	Transaction ID : 2976d787-8133-41b7-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	
		☒ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	52.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 189 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Steven Best			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014		
Mailing Address 103 Washington Ave			Amount 43.00		
City Newport	State NC	Zip Code 28570	Transaction ID : e2ed66f5-0925-4151-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Steven Best			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014		
Mailing Address 103 Washington Ave			Amount 9.60		
City Newport	State NC	Zip Code 28570	Transaction ID : 3d5a3fea-9b34-4cce-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 190 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Theresa Burkhart		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 3126 Chester Ct		Amount 50.00	
City Metairie	State LA	Zip Code 70006	Transaction ID : af8cd311-ba15-490c-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Donald Dessauer		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 1804 Auburn Ave		Amount 10.00	
City Metaire	State LA	Zip Code 70003	Transaction ID : e176df94-8783-4ec0-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		60.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan Signature		[Electronically Filed] Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 191 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Rebecca Deucher		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 4800 Vass Carthage Rd		Amount 70.00	
City Carthage	State NC	Zip Code 28394	Transaction ID : 5a50232b-c691-4f5b-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rebecca Deucher		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 4800 Vass Carthage Rd		Amount 11.55	
City Carthage	State NC	Zip Code 28394	Transaction ID : ee67a6db-111a-4498-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		81.55	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Katlynn Cockerham		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 4970 Lyman Rd		Amount 9.00	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 2eebf55f-72aa-4cd3-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 106 Hillside St		Amount 52.50	
City Spindale	State NC	Zip Code 28160	Transaction ID : 6fd74b71-edb3-4341-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 106 Hillside St		Amount 6.36	
City Spindale	State NC	Zip Code 28160	Transaction ID : 038c4891-44db-42c2-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	58.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 194 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Caleb Craig		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014	
Mailing Address 1410 Bushville drive		Amount 60.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 56ed0683-0f42-4e4d-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Caleb Craig		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014	
Mailing Address 1410 Bushville drive		Amount 9.60	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 3bc2d638-1a59-449e-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		69.60	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 195 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Sarah Nugent		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014	
Mailing Address 2 White Oak Court		Amount 30.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 6bd3229e-b028-4432-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sarah Nugent		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014	
Mailing Address 2 White Oak Court		Amount 4.70	
City Searcy	State AR	Zip Code 72143	Transaction ID : c15d04f0-0d7f-4df1-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		34.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 196 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Navin Sadhwani			Date of Public Distribution/Dissemination 07 / 02 / 2014		
Mailing Address 3751 Red Cypress Dr			Amount 40.00		
City New Orleans	State LA	Zip Code 70131	Transaction ID : a968a0c4-4ee9-4a6b-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 02 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination 07 / 02 / 2014		
Mailing Address 924 N. Prieur St			Amount 40.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : ad5b4fcf-96d6-4802-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 02 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			80.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Donna Barrette		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 724 Harris Avenue		Amount 20.00	
City Harahan	State LA	Zip Code 70123	Transaction ID : 1783f352-3ea2-447b-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	32.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 198 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Donna Barrette			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014		
Mailing Address 724 Harris Avenue			Amount 0.45		
City State Zip Code Harahan LA 70123		Transaction ID : 179051a5-ef02-474f-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mr. Michael Vidrine			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014		
Mailing Address 458 Hebert Rd			Amount 55.00		
City State Zip Code Palmetto LA 71358		Transaction ID : 5b0372b6-e127-47fc-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			55.45		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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. Signature Ms. Emily Buchanan [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015					

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	37.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<!-- Empty box -->
(c) TOTAL Independent Expenditures.....	▶	<!-- Empty box -->

Signature

Full Name of Payee Erika Burfield		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 2939 Country Club Drive		Amount 25.00	
City Hampstead	State NC	Zip Code 28443	Transaction ID : 589c9399-08e9-4dec-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	29.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Signature

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 100.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 40a5f75e-5973-414c-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	101.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 203 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY			
Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 17.25	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 7a47260a-c402-4539-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeremy Hollar		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 121 Meadowview Drive		Amount 60.00	
City Boone	State NC	Zip Code 28607	Transaction ID : 35e0aa4e-e4f7-406e-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		77.25	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 204 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Jeremy Hollar			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014		
Mailing Address 121 Meadowview Drive			Amount 9.60		
City Boone	State NC	Zip Code 28607	Transaction ID : 5df4b0ff-8290-4549-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Brian Saltzler			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014		
Mailing Address 601 S College Road			Amount 40.00		
City Wilmington	State NC	Zip Code 28403	Transaction ID : 408b0a4f-a4b8-4f55-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			49.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015		
Signature					

Full Name of Payee Melanie Slagle		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 77 Southridge Drive		Amount 30.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : be92dc6c-6df8-4056-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		35.40
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) 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.

Signature

Full Name of Payee Tarrin Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 629 Radiance Ave		Amount 60.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 55b8f59f-e9ab-49a1-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	67.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 207 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Tarrin Lesaicherre		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014	
Mailing Address 629 Radiance Ave		Amount 3.60	
City Metairie	State LA	Zip Code 70001	Transaction ID : e2e6ea4d-4e84-412d-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014	
Mailing Address 629 Radiance Ave		Amount 60.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 5c7cafa2-d5f8-490a-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		63.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 208 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014		
Mailing Address 629 Radiance Ave			Amount 3.60		
City Metairie		State LA	Zip Code 70001		Transaction ID : 02ab02b6-eebf-49ff-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee John Voholetz			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014		
Mailing Address 718 N MacMillan Avenue			Amount 70.00		
City Wilmington		State NC	Zip Code 28803		Transaction ID : 91b477b7-ab58-4f66-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			73.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 209 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee John Voholetz			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014		
Mailing Address 718 N MacMillan Avenue			Amount 5.10		
City Wilmington	State NC	Zip Code 28803	Transaction ID : 5b32fb70-0d5d-41d7-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Solveig Lysne			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014		
Mailing Address 7121 Oyster Lane			Amount 63.90		
City Wilmington	State NC	Zip Code 28411	Transaction ID : 55fc5bdd-93ea-49d9-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			69.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 2305 Cleary Ave		Amount 10.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : ee5109b6-73f4-428a-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	13.39
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Three examples of 1D barcodes are shown, each consisting of a header and a data field. The first barcode has the header 'MM' and the data '01'. The second has the header 'DD' and the data '30'. The third has the header 'YYYY' and the data '2015'. Each header and data field is represented by a series of vertical bars of varying heights.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 211 OF 1704
FOR LINE 24 OF FORM 3X

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 Lesley Lennox			Date of Public Distribution/Dissemination / / 07 / 02 / 2014		
Mailing Address 2305 Cleary Ave			Amount 0.60		
City Metairie	State LA	Zip Code 70001	Transaction ID : 061b20f2-f59e-4abc-b Date of Disbursement or Obligation / / 07 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination / / 07 / 02 / 2014		
Mailing Address 110 W Pecan St			Amount 40.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : d156411f-755b-4210-b Date of Disbursement or Obligation / / 07 / 02 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 40.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u>			[Electronically Filed] Date / / 01 / 30 / 2015		

Full Name of Payee Gloria A Krieger			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014		
Mailing Address 1392 Lee Street			Amount 15.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 9203d9cf-fe8e-4316-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 213 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Gloria A Krieger		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014
Mailing Address 1392 Lee Street		Amount 0.06
City Ville Platte	State LA	Zip Code 70586
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : d386274d-448a-4b0b-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Gloria A Krieger		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014
Mailing Address 1392 Lee Street		Amount 15.00
City Ville Platte	State LA	Zip Code 70586
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 9d617500-0fe1-4d17-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	15.06
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 214 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 100.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 5e42a229-3756-4b6e-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 17.25	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 436f0e9c-4bee-471a-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		117.25	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 215 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY			
Full Name of Payee Jeremy Hollar		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 121 Meadowview Drive		Amount 60.00	
City Boone	State NC	Zip Code 28607	Transaction ID : a7911461-ea09-4fb7-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Jeremy Hollar		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 121 Meadowview Drive		Amount 9.60	
City Boone	State NC	Zip Code 28607	Transaction ID : 6b67a976-ef8f-4dde-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		69.60	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 3007 Darden Rd		Amount 10.80	
City Greensboro	State NC	Zip Code 27407	Transaction ID : aeccab59-cce1-45cd-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	85.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature

Full Name of Payee Paul Rickert		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 710 St. Martins Lane		Amount 8.10	
City Bossier City	State LA	Zip Code 71111	Transaction ID : b68584fe-939c-4c88-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	43.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Lauren Biviano		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 615 Greenwood Drive		Amount 3.90	
City	State	Zip Code	Transaction ID : 935d0d62-2465-4eab-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	17.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 1025 Cayley Ct		Amount 21.60	
City	State	Zip Code	Transaction ID : 0a04501a-7dde-4aa7-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
High Point	NC	27260	
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		101.60
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Amy Eddie		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 5006 Lakeview Road		Amount 17.50	
City North Little Rock	State AR	Zip Code 72116	Transaction ID : b8ef2645-1ced-44cc-9
Purpose of Expenditure Salary	Category/ Type	MM / DD / YYYY 07 / 02 / 2014	Date of Disbursement or Obligation
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Amy Eddie		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 5006 Lakeview Road		Amount 2.10	
City North Little Rock	State AR	Zip Code 72116	Transaction ID : 1f0d81fb-01fa-4603-9
Purpose of Expenditure Mileage	Category/ Type	MM / DD / YYYY 07 / 02 / 2014	Date of Disbursement or Obligation
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	19.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 221 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 3007 Darden Rd			Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 293f87fa-5bd7-4229-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Edwin H Parnell			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 122 Olde Point Rd			Amount 35.00	
City Hampsted	State NC	Zip Code 28443	Transaction ID : a0bac539-5483-46fc-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			115.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 222 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Edwin H Parnell			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 122 Olde Point Rd			Amount 6.06	
City Hampsted	State NC	Zip Code 28443	Transaction ID : aae1be88-3028-417a-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Thomas Sisk			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 3625 Chapelwood Drive			Amount 20.00	
City Gastonia	State NC	Zip Code 28025	Transaction ID : ebeb4203-2b13-43ca-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			26.06	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Cassidy Quartararo		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 632 Cameron Court		Amount 50.00	
City Kenner	State LA	Zip Code 70065	Transaction ID : e7a6a0b2-3103-42a5-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		54.53
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) 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.

Date _____

Signature

Three examples of 1D barcodes are shown, each with a label above it: 'MM' for the first, 'DD' for the second, and 'YYYY' for the third. The first barcode displays '01', the second displays '30', and the third displays '2015'.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 224 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cassidy Quartararo			Date of Public Distribution/Dissemination 07 / 02 / 2014		
Mailing Address 632 Cameron Court			Amount 8.49		
City Kenner	State LA	Zip Code 70065	Transaction ID : c9e87de7-1a6b-4ad5-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 02 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination 07 / 02 / 2014		
Mailing Address 205 Medallion Circle			Amount 20.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 60d938fb-69fd-4676-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 02 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			28.49		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Ms. Emily Buchanan		[Electronically Filed]	Date 01 / 30 / 2015		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 225 OF 1704
FOR LINE 24 OF FORM 3X

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 Lily Green			Date of Public Distribution/Dissemination / / 07 / 02 / 2014		
Mailing Address 205 Medallion Circle			Amount 7.80		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 5f264cb3-1c7d-4d9f-a Date of Disbursement or Obligation / / 07 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination / / 07 / 02 / 2014		
Mailing Address 220 Doucet Rd			Amount 20.00		
City Lafayette	State LA	Zip Code 70503	Transaction ID : f81e2a64-1e5c-4b9e-a Date of Disbursement or Obligation / / 07 / 02 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 27.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date / / 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 226 OF 1704
FOR LINE 24 OF FORM 3X

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 Francis Richardson			Date of Public Distribution/Dissemination / / 07 / 02 / 2014		
Mailing Address 220 Doucet Rd			Amount 1.50		
City Lafayette	State LA	Zip Code 70503	Transaction ID : daa5a1ed-a92a-4c82-8 Date of Disbursement or Obligation / / 07 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Mr. Alex Peyton			Date of Public Distribution/Dissemination / / 07 / 02 / 2014		
Mailing Address 859 Hicks Rd			Amount 60.00		
City Washington	State LA	Zip Code 70589	Transaction ID : 8246aebc-dd5c-4c7f-8 Date of Disbursement or Obligation / / 07 / 02 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 61.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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. Signature <u>Ms. Emily Buchanan</u> [Electronically Filed] Date / / 01 / 30 / 2015					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 227 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mr. Alex Peyton			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014		
Mailing Address 859 Hicks Rd			Amount 36.00		
City Washington		State LA	Zip Code 70589		Transaction ID : dc1b4f03-7e3d-4635-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Sharon Lloyd			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014		
Mailing Address 4301 Lankford			Amount 60.00		
City Springdale		State AR	Zip Code 72762		Transaction ID : 90643e80-4d69-4978-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			96.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Darius Beverly		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 157 Bishop Drive		Amount 30.00	
City Avondale	State LA	Zip Code 70094	Transaction ID : 2724e306-aa5c-45bf-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.66
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Ms. Dinah Beverly		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 157 Bishop Drive		Amount 30.00	
City Avondale	State LA	Zip Code 70064	Transaction ID : 64c435e2-4446-4465-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Ms. Dinah Beverly		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 157 Bishop Drive		Amount 4.20	
City Avondale	State LA	Zip Code 70064	Transaction ID : f8f4b839-e067-4187-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	34.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 230 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Belinda Blake		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014
Mailing Address 7214 Duchamp Dr.		Amount 20.00
City Char	State NC	Zip Code 28215
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 370ffed1-3a13-4d88-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Belinda Blake		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014
Mailing Address 7214 Duchamp Dr.		Amount 7.20
City Char	State NC	Zip Code 28215
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : eece187d-7aab-4cf4-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	27.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 231 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	

Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014	
Mailing Address 105 South Dale St		Amount 40.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : e1eb2631-3cd7-4012-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014	
Mailing Address 105 South Dale St		Amount 11.40	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : c02f6174-e7b9-4886-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	51.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

Full Name of Payee Carmen Maddrey			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014		
Mailing Address 2043 Nottingham Ln			Amount 3.00		
City Burlington	State NC	Zip Code 27215	Transaction ID : 2eaf4b63-411d-4cf3-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	38.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 233 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 07 / 03 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 25.00		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 29acd081-c141-40d8-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 07 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC		
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 07 / 03 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 9.42		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 23035241-6c59-4c88-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 07 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC		
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			34.42		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 234 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Brandon Ward		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014
Mailing Address 2838 Red Cut Loop Rd		Amount 30.00
City West Monroe	State LA	Zip Code 71292
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 354c4b44-877c-4902-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Brandon Ward		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014
Mailing Address 2838 Red Cut Loop Rd		Amount 10.20
City West Monroe	State LA	Zip Code 71292
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : dc900275-11c0-4944-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	40.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 235 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014		
Mailing Address 1410 Bushville drive			Amount 30.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 98094aae-f2e0-4ada-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014		
Mailing Address 1410 Bushville drive			Amount 5.70		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 545e1c4e-5359-4a6f-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			35.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Rebecca Deucher		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014	
Mailing Address 4800 Vass Carthage Rd		Amount 60.00	
City Carthage	State NC	Zip Code 28394	Transaction ID : 49e44655-7fdb-47ef-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Rebecca Deucher		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014	
Mailing Address 4800 Vass Carthage Rd		Amount 13.80	
City Carthage	State NC	Zip Code 28394	Transaction ID : 7758ff45-20c8-44df-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	73.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<!-- Empty box -->
(c) TOTAL Independent Expenditures.....	▶	<!-- Empty box -->

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.

Date _____

Signature

Full Name of Payee Jeremy Hollar		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014	
Mailing Address 121 Meadowview Drive		Amount 30.00	
City Boone	State NC	Zip Code 28607	Transaction ID : 4b25bed8-b1ed-4979-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	70.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Signature

Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014	
Mailing Address 106 Hillside St		Amount 55.00	
City Spindale	State NC	Zip Code 28160	Transaction ID : 609576a7-74d8-4623-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	60.70
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 239 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee David Ford		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014	
Mailing Address 106 Hillside St		Amount 12.63	
City Spindale	State NC	Zip Code 28160	Transaction ID : cab6f443-ff9e-49d2-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ky Broussard		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014	
Mailing Address 301 N Cedar Street		Amount 47.50	
City Abbeville	State LA	Zip Code 70510	Transaction ID : 70dbd2d0-2c23-451e-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		60.13	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

Full Name of Payee Theresa A Touchet		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014	
Mailing Address 102 French Street #3		Amount Amount 22.50	
City New Orleans	State LA	Zip Code 70124	Transaction ID : c8f99751-647a-4d8d-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
District: 00 State: LA		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		Amount 554635.78	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	37.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 241 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Theresa A Touchet			Date of Public Distribution/Dissemination 07 / 03 / 2014		
Mailing Address 102 French Street #3			Amount 1.20		
City New Orleans	State LA	Zip Code 70124	Transaction ID : 8febe060-925b-4d5f-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 03 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Roman Rys			Date of Public Distribution/Dissemination 07 / 03 / 2014		
Mailing Address 635 Lotarche St			Amount 25.00		
City Greenville	State NC	Zip Code 27858	Transaction ID : d03bd747-95e3-44f5-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			26.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 242 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Roman Rys			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014		
Mailing Address 635 Lotarche St			Amount 5.40		
City Greenville		State NC	Zip Code 27858		Transaction ID : 1e4b4ffa-69c7-4cfc-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sierra Lovell			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014		
Mailing Address 1059 Overlord Stage road			Amount 50.00		
City Rayville		State LA	Zip Code 71269		Transaction ID : 3674fd11-13ad-4b8c-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			55.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 243 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Sierra Lovell		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014	
Mailing Address 1059 Overlord Stage road		Amount 12.00	
City Rayville	State LA	Zip Code 71269	Transaction ID : f698b8d5-31d7-4a92-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Reagan Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014	
Mailing Address 502 E Center Ave		Amount 30.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : dfc910ea-11b4-449d-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		42.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 244 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Reagan Brackett			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014		
Mailing Address 502 E Center Ave			Amount 5.07		
City Searcy		State AR	Zip Code 72143		Transaction ID : 6e158623-df83-4940-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 75.00		
City Mt. Airy		State NC	Zip Code 27030		Transaction ID : 535a6cc5-a670-4da0-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			80.07		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

Full Name of Payee FedEx Office		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014	
Mailing Address 3815 Veterans Blvd		Amount 999,999,999.99 675.39	
City Metairie	State LA	Zip Code 70002	Transaction ID : 9acfe64-e30d-4b16-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014
Purpose of Expenditure Flyers		Category/ Type 006	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		999,999,999.99 554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	687.99
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Petrina Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014	
Mailing Address 3007 Darden Rd		Amount 13.50	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 013db0c1-2dd5-4313-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1 2 3 65.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	1 2 3
(c) TOTAL Independent Expenditures.....	▶	1 2 3

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.

Date _____

Signature

Three 7-segment displays are shown, each with a different date format. The first display shows '01' with 'M' above the first segment and 'M' above the second segment. The second display shows '30' with 'D' above the first segment and 'D' above the second segment. The third display shows '2015' with 'Y' above the first segment, 'Y' above the second segment, 'Y' above the third segment, and 'Y' above the fourth segment.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 247 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014	
Mailing Address 629 Radiance Ave			Amount 40.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 6038feb6-2fdd-4d11-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014	
Mailing Address 629 Radiance Ave			Amount 2.10	
City Metairie	State LA	Zip Code 70001	Transaction ID : 9a7475ad-428d-4ac5-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			42.10	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 248 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014	
Mailing Address 1025 Cayley Ct		Amount 85.00	
City High Point	State NC	Zip Code 27260	Transaction ID : c3a8d90c-b93b-44ce-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014	
Mailing Address 1025 Cayley Ct		Amount 14.10	
City High Point	State NC	Zip Code 27260	Transaction ID : b00af2c3-c82c-4f8f-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		99.10	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Sharon Lloyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014	
Mailing Address 4301 Lankford		Amount 80.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : 3b2940f8-cb3f-4026-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 250 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Sharon Lloyd			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014	
Mailing Address 4301 Lankford			Amount 8.46	
City Springdale	State AR	Zip Code 72762	Transaction ID : 637a44c8-2de0-413b-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ethan Cranford			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014	
Mailing Address 2012 Caleb Drive			Amount 11.50	
City Searcy	State AR	Zip Code 72143	Transaction ID : b3621793-4a2b-42a9-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			19.96	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
Signature				

Full Name of Payee Saige Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014	
Mailing Address PO Box 424		Amount 11.50	
City Searcy	State AR	Zip Code 72145	Transaction ID : f27537ec-a043-40d9-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	13.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 252 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Saige Anderson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014		
Mailing Address PO Box 424			Amount 1.50		
City Searcy		State AR	Zip Code 72145		Transaction ID : 0b7748f6-cdb9-4124-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014		
Mailing Address 110 W Pecan St			Amount 50.00		
City Ville Platte		State LA	Zip Code 70586		Transaction ID : ee1b2d6b-5295-459e-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014		
Mailing Address Split Oak Drive			Amount _____ 20.00		
City charlotte	State NC	Zip Code 28227	Transaction ID : b0196314-9624-4075-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		_____ 554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	49.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 254 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014	
Mailing Address Split Oak Drive		Amount 15.00	
City charlotte	State NC	Zip Code 28227	Transaction ID : 96fea949-789c-41ae-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Paul Rickert		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014	
Mailing Address 710 St. Martins Lane		Amount 15.00	
City Bossier City	State LA	Zip Code 71111	Transaction ID : bd75047c-9213-4a79-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		30.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 255 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Paul Rickert			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 07 / 03 / 2014		
Mailing Address 710 St. Martins Lane			Amount 3.60		
City Bossier City	State LA	Zip Code 71111	Transaction ID : a49d510f-73bf-424d-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 07 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 07 / 03 / 2014		
Mailing Address 3007 Darden Rd			Amount 50.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 2a0eba2f-aba0-47e9-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 07 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 256 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014	
Mailing Address 3007 Darden Rd			Amount 6.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : ccf85574-bb98-47b9-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lauren Biviano			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014	
Mailing Address 615 Greenwood Drive			Amount 25.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : d222e8e8-61ab-45fd-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			31.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 257 OF 1704
FOR LINE 24 OF FORM 3X

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 Lauren Biviano			Date of Public Distribution/Dissemination / /		
Mailing Address 615 Greenwood Drive			Amount 3.30		
City Searcy	State AR	Zip Code 72143	Transaction ID : 5046a3ce-fe7e-40f4-8 Date of Disbursement or Obligation / /		
Purpose of Expenditure Mileage		Category/ Type 002	/ /		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination / /		
Mailing Address 3007 Darden Rd			Amount 50.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : a38d048e-8ad2-4131-a Date of Disbursement or Obligation / /		
Purpose of Expenditure Salary		Category/ Type 001	/ /		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date / / 01 / 30 / 2015		
[Electronically Filed]					

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014	
Mailing Address 220 Doucet Rd		Amount 2.70	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 5537bb36-fa6e-45a6-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	32.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 259 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014	
Mailing Address 6412 Osage Dr		Amount 15.00	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 0aebad4e-2b8a-43fc-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014	
Mailing Address 6412 Osage Dr		Amount 0.90	
City North Little rock	State AR	Zip Code 72116	Transaction ID : beda7c93-61f6-425d-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		15.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 12.39	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : af999ff6-151e-4ec5-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	1095959.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	87.39
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Full Name of Payee Peter Sahun		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014	
Mailing Address 107 Phillip Ave		Amount 15.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : be78dfb5-f133-40a2-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	45.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

Full Name of Payee Sarah Nugent		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 04 / 2014	
Mailing Address 2 White Oak Court		Amount 30.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 6d2dcbbc6-07e6-43d4-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 04 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 04 / 2014	
Mailing Address Split Oak Drive		Amount 40.00	
City charlotte	State NC	Zip Code 28227	Transaction ID : 8611f9fb-e2d2-42fe-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	42.11
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 264 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 04 / 2014		
Mailing Address Split Oak Drive			Amount 22.26		
City charlotte		State NC	Zip Code 28227		Transaction ID : f173dc04-3066-4932-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Brooke Graphia			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 04 / 2014		
Mailing Address 2306 Brownlee Rd.			Amount 10.00		
City Bossier City		State LA	Zip Code 71111		Transaction ID : 82fcffae-4367-4880-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					32.26
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Rachelle Doucet		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 04 / 2014	
Mailing Address 73 Catalpa Trace		Amount 10.00	
City Covington	State LA	Zip Code 70433	Transaction ID : cf2f1bd0-a90f-414a-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 04 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	10.63
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<!-- Empty box -->
(c) TOTAL Independent Expenditures.....	▶	<!-- Empty box -->

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

Full Name of Payee Paul Rickert		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 04 / 2014	
Mailing Address 710 St. Martins Lane		Amount 1.20	
City Bossier City	State LA	Zip Code 71111	Transaction ID : ab48fb32-9013-46f9-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 04 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 04 / 2014		
Mailing Address 1434 South Avenue			Amount 7.80		
City Eden	State NC	Zip Code 27288	Transaction ID : 5c2394c8-9b67-472e-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 04 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	67.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 268 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Peter Sahuc			Date of Public Distribution/Dissemination 07 / 04 / 2014		
Mailing Address 107 Phillip Ave			Amount 17.50		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 89b762ff-e2db-4f18-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 04 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination 07 / 04 / 2014		
Mailing Address 1025 Cayley Ct			Amount 80.00		
City High Point	State NC	Zip Code 27260	Transaction ID : c6cd148b-d1d1-4b83-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 04 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			97.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Edwin H Parnell		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 04 / 2014	
Mailing Address 122 Olde Point Rd		Amount 35.00	
City Hampsted	State NC	Zip Code 28443	Transaction ID : 28ff62ef-9ea6-4777-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 04 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 270 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Edwin H Parnell		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 04 / 2014	
Mailing Address 122 Olde Point Rd		Amount 5.40	
City Hampsted	State NC	Zip Code 28443	Transaction ID : 257c9c14-5409-4edb-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 04 / 2014	
Mailing Address 110 W Pecan St		Amount 40.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 78bd3ea9-05d8-4442-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 04 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		45.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Cassidy Quaratararo		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 04 / 2014	
Mailing Address 632 Cameron Court		Amount 45.00	
City Kenner	State LA	Zip Code 70065	Transaction ID : fe6e6136-c150-4a71-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 04 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	74.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 272 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Cassidy Quartararo			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 04 / 2014	
Mailing Address 632 Cameron Court			Amount 6.54	
City Kenner	State LA	Zip Code 70065	Transaction ID : e302059c-3a3b-459f-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 04 / 2014	
Mailing Address 220 Doucet Rd			Amount 20.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : cd8fcd09-0920-4496-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			26.54	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 04 / 2014	
Mailing Address 220 Doucet Rd		Amount 1.53	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 36ef25d4-cb7b-4989-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 04 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 04 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 75.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : f01d058b-1bbc-463d-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	76.53
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Full Name of Payee Matthew Manuel		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 04 / 2014	
Mailing Address 1392 Lee Street		Amount 40.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 45521de9-4c97-4ae5-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 04 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	52.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 275 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Matthew Manuel		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 04 / 2014	
Mailing Address 1392 Lee Street		Amount 14.40	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 15a67365-65de-40ba-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 04 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 04 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 75.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : c36cede3-6c29-47f5-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		89.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Donald Dessauer		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 05 / 2014	
Mailing Address 1804 Auburn Ave		Amount 15.00	
City Metaire	State LA	Zip Code 70003	Transaction ID : d944b341-f5b0-4604-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 05 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		27.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 277 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Tarrin Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014
Mailing Address 629 Radiance Ave		Amount 40.00
City Metairie	State LA	Zip Code 70001
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 0a61cd2b-f08b-4559-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Tarrin Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014
Mailing Address 629 Radiance Ave		Amount 2.10
City Metairie	State LA	Zip Code 70001
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : f20be516-0838-4bb5-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	42.10
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 278 OF 1704
 FOR LINE 24 OF FORM 3X

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 Jonathan Odette		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 05 / 2014	
Mailing Address 9600 Earpsboro Chamblee Road		Amount 60.00	
City Wendell	State NC	Zip Code 27591	Transaction ID : 88ce659d-da0b-4c4e-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 05 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jonathan Odette		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 05 / 2014	
Mailing Address 9600 Earpsboro Chamblee Road		Amount 9.60	
City Wendell	State NC	Zip Code 27591	Transaction ID : 3592fa9b-e4a2-4a47-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 05 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	69.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 279 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 07 / 05 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 40.00		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : bd5256ab-a1d5-407c-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 07 / 05 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought			1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 07 / 05 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 12.57		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 4990ff89-b199-489f-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 07 / 05 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought			1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 52.57 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) 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.					
Signature <i>Ms. Emily Buchanan</i>			Date 01 / 30 / 2015 [Electronically Filed]		

Full Name of Payee Ky Broussard		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 05 / 2014	
Mailing Address 301 N Cedar Street		Amount 30.00	
City Abbeville	State LA	Zip Code 70510	Transaction ID : ab69a031-f71b-45fd-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 05 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	70.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

01 / 30 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Jennie Butler		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 05 / 2014	
Mailing Address 1676 Shady Creek Rd		Amount 23.30	
City Ayden	State NC	Zip Code 28513	Transaction ID : deaca527-93fb-4599-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 05 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 282 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Jennie Butler		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 05 / 2014	
Mailing Address 1676 Shady Creek Rd		Amount 8.52	
City Ayden	State NC	Zip Code 28513	Transaction ID : 18a892ef-fea7-4fb1-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 05 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Emily Butler		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 05 / 2014	
Mailing Address 1676 Shady Creek Rd		Amount 30.00	
City Ayden	State NC	Zip Code 28513	Transaction ID : 7434ca2a-ac79-47ab-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 05 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		38.52	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Lily Green		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 05 / 2014	
Mailing Address 205 Medallion Circle		Amount 15.60	
City Shreveport	State LA	Zip Code 71119	Transaction ID : c6496b8c-bc96-4fa4-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	65.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Full Name of Payee Jennifer Susky		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 05 / 2014	
Mailing Address 1117 Shadow Lane		Amount 1.50	
City Benton	State AR	Zip Code 72015	Transaction ID : 632f866a-f291-4187-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 05 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	21.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Petrina Williams			Date of Public Distribution/Dissemination 07 / 05 / 2014		
Mailing Address 3007 Darden Rd			Amount 80.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 258a5c52-c6b5-4949-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 05 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Petrina Williams			Date of Public Distribution/Dissemination 07 / 05 / 2014		
Mailing Address 3007 Darden Rd			Amount 7.20		
City Greensboro	State NC	Zip Code 27407	Transaction ID : e233020b-fa44-4577-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 05 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			87.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Mr. Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 05 / 2014	
Mailing Address 458 Hebert Rd		Amount 28.20	
City Palmetto	State LA	Zip Code 71358	Transaction ID : 1ba5956c-7ede-4b92-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	71.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Paul Rickert		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 05 / 2014	
Mailing Address 710 St. Martins Lane		Amount 5.10	
City Bossier City	State LA	Zip Code 71111	Transaction ID : 8ab20182-9268-43fe-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	50.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 288 OF 1704
FOR LINE 24 OF FORM 3X

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			MM / DD / YYYY	
Full Name of Payee Najib Mahmud		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 05 / 2014		
Mailing Address 3432 Riverrock Ct		Amount 45.00		
City Baton Rouge	State LA	Zip Code 70820	Transaction ID : 3b3a43c7-43db-4276-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Najib Mahmud		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 05 / 2014		
Mailing Address 3432 Riverrock Ct		Amount 1.50		
City Baton Rouge	State LA	Zip Code 70820	Transaction ID : b0316002-c7e4-49e2-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		46.50		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 05 / 2014	
Mailing Address 629 Radiance Ave		Amount 2.40	
City Metairie	State LA	Zip Code 70001	Transaction ID : 6ca98035-96c4-4581-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		62.40
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 290 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Tarrin Lesaicherre			Date of Public Distribution/Dissemination 07 / 05 / 2014	
Mailing Address 629 Radiance Ave			Amount 40.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 0f22c53c-11ee-4c0c-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tarrin Lesaicherre			Date of Public Distribution/Dissemination 07 / 05 / 2014	
Mailing Address 629 Radiance Ave			Amount 2.40	
City Metairie	State LA	Zip Code 70001	Transaction ID : 25be0d5e-14fe-4f99-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			42.40	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 291 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 05 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 50.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : e7c27f42-d584-48e5-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 05 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 3.60	
City Mandeville	State LA	Zip Code 70471	Transaction ID : e9e7d588-27bd-456b-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		53.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 292 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Dylan Simon		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 05 / 2014
Mailing Address 111 Millrock Drive		Amount 41.83
City Lafayette	State LA	Zip Code 70508
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : b473f33b-e122-4e4e-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Dylan Simon		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 05 / 2014
Mailing Address 111 Millrock Drive		Amount 2.52
City Lafayette	State LA	Zip Code 70508
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 5c865d5d-069a-4be9-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	44.35
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Cassidy Quartararo		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 05 / 2014	
Mailing Address 632 Cameron Court		Amount 6.78	
City Kenner	State LA	Zip Code 70065	Transaction ID : f62aa4a3-eb12-4fc2-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		61.78
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 294 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Ethan Cranford		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 05 / 2014	
Mailing Address 2012 Caleb Drive		Amount 17.50	
City Searcy	State AR	Zip Code 72143	Transaction ID : df29f90a-266d-4d88-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 05 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Ethan Cranford		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 05 / 2014	
Mailing Address 2012 Caleb Drive		Amount 2.31	
City Searcy	State AR	Zip Code 72143	Transaction ID : 59c1c044-afdb-47b2-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 05 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		19.81	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 295 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 05 / 2014	
Mailing Address 1025 Cayley Ct		Amount 50.00	
City High Point	State NC	Zip Code 27260	Transaction ID : a9e1ef4a-65ad-49c4-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 05 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 05 / 2014	
Mailing Address 1025 Cayley Ct		Amount 7.80	
City High Point	State NC	Zip Code 27260	Transaction ID : eeca34a1-9a2d-452c-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 05 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		57.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 296 OF 1704
FOR LINE 24 OF FORM 3X

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			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 05 / 2014		
Mailing Address 2305 Cleary Ave		Amount 12.50		
City Metairie	State LA	Zip Code 70001	Transaction ID : cf070588-abf9-4f1e-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 05 / 2014		
Mailing Address 2305 Cleary Ave		Amount 0.30		
City Metairie	State LA	Zip Code 70001	Transaction ID : 9142aaac-abbb-4d2e-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		12.80		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 297 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY			
Full Name of Payee Earl Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 05 / 2014	
Mailing Address 9455 Snow Camp Road		Amount 70.00	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : ab50fba2-cb12-42f9-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 05 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☐ Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Earl Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 05 / 2014	
Mailing Address 9455 Snow Camp Road		Amount 6.00	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : 329efdc2-d1d3-48ec-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 05 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☐ Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		76.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 05 / 2014	
Mailing Address 220 Doucet Rd		Amount 0.84	
City Lafayette	State LA	Zip Code 70503	Transaction ID : b723b76b-2a07-4d1d-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 05 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	25.84
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 299 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee James Tatro			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 05 / 2014	
Mailing Address 1208 Braeburn Rd			Amount 80.00	
City Charlotte	State NC	Zip Code 28211	Transaction ID : 8a56630d-9a5c-4099-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 05 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James Tatro			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 05 / 2014	
Mailing Address 1208 Braeburn Rd			Amount 1.80	
City Charlotte	State NC	Zip Code 28211	Transaction ID : 46968f66-94ed-4a26-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 05 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			81.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 300 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination 07 / 05 / 2014	
Mailing Address 3007 Darden Rd			Amount 75.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : a31d128a-27b5-4036-b Date of Disbursement or Obligation 07 / 05 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 07 / 05 / 2014	
Mailing Address 3007 Darden Rd			Amount 75.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 2e43088f-6a05-4ce4-9 Date of Disbursement or Obligation 07 / 05 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			150.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date 01 / 30 / 2015	
Signature				

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 06 / 2014	
Mailing Address 1434 South Avenue		Amount 95.00	
City Eden	State NC	Zip Code 27288	Transaction ID : 6d1e44bc-af40-46f4-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 06 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	102.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Reagan Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 06 / 2014	
Mailing Address 502 E Center Ave		Amount 40.00	
City	State	Zip Code	Transaction ID : 977934b2-bebb-4898-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 06 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	55.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 303 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination 07 / 06 / 2014		
Mailing Address 205 Medallion Circle			Amount 65.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 10636cd5-3a95-4b85-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 06 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination 07 / 06 / 2014		
Mailing Address 205 Medallion Circle			Amount 22.80		
City Shreveport	State LA	Zip Code 71119	Transaction ID : bb900637-defc-4074-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 06 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			87.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 304 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 06 / 2014	
Mailing Address 1103 West Wilson Street		Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 68a3b54e-7d07-4c77-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 06 / 2014	
Mailing Address 1103 West Wilson Street		Amount 17.70	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 185cd6a4-19dd-4333-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		67.70	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 06 / 2014	
Mailing Address 110 W Pecan St		Amount 29.40	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : c8357e62-a07a-4959-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 06 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	69.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Jonathan Odette			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 06 / 2014		
Mailing Address 9600 Earpsboro Chamblee Road			Amount 9.60		
City Wendell	State NC	Zip Code 27591	Transaction ID : 8053dbff-c82b-44be-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 06 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 307 OF 1704
 FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY	

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 06 / 2014	
Mailing Address 1025 Cayley Ct		Amount 50.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 39a66245-aedd-476d-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 06 / 2014
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 06 / 2014	
Mailing Address 1025 Cayley Ct		Amount 12.30	
City High Point	State NC	Zip Code 27260	Transaction ID : da65711f-7607-4fbb-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 06 / 2014
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	62.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
 01 / 30 / 2015

Signature

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 06 / 2014	
Mailing Address 220 Doucet Rd		Amount 0.96	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 8d978f4d-5e16-44c0-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	24.96
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Full Name of Payee Andrew Shiver		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 06 / 2014	
Mailing Address 110 Earlston Ct		Amount 35.00	
City Knightdale	State NC	Zip Code 27545	Transaction ID : d59e5ba9-38a4-4138-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 06 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Andrew Shiver		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 06 / 2014	
Mailing Address 110 Earlston Ct		Amount 6.60	
City Knightdale	State NC	Zip Code 27545	Transaction ID : 8c81809e-2a0d-4b74-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 06 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	41.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 310 OF 1704
 FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 06 / 2014	
Mailing Address 6412 Osage Dr		Amount 15.00	
City North Little rock	State AR	Zip Code 72116	Transaction ID : ff19cd93-4044-42c9-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 06 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 06 / 2014	
Mailing Address 6412 Osage Dr		Amount 1.41	
City North Little rock	State AR	Zip Code 72116	Transaction ID : f9608c17-88e2-4ecb-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 06 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	16.41
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 311 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y Y Y			
Full Name of Payee Nathan Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 07 / 06 / 2014	
Mailing Address 1247 W Mt Comfort Rd		Amount 41.60	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : c88f3799-cd93-4499-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 07 / 06 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____
Full Name of Payee Nathan Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 07 / 06 / 2014	
Mailing Address 1247 W Mt Comfort Rd		Amount 15.00	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : 810e2847-bf71-48b6-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 07 / 06 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		56.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y Y Y 01 / 30 / 2015	
[Electronically Filed]			

Full Name of Payee Andrew Shiver		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 05 / 2014	
Mailing Address 110 Earlston Ct		Amount 9.30	
City Knightdale	State NC	Zip Code 27545	Transaction ID : b111cd25-f88f-4651-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 05 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	69.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 313 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination 07 / 07 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 20.00		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 5da529df-7ee7-4b39-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 07 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination 07 / 07 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 4.80		
City Charlotte	State NC	Zip Code 23215	Transaction ID : bf6b1fc4-2e62-45b5-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 07 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			24.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 314 OF 1704
FOR LINE 24 OF FORM 3X

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			MM / DD / YYYY		
Full Name of Payee Belinda Blake			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014		
Mailing Address 7214 Duchamp Dr.			Amount 50.00		
City Char		State NC	Zip Code 28215		Transaction ID : a18614e8-8d1d-4822-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Belinda Blake			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014		
Mailing Address 7214 Duchamp Dr.			Amount 9.30		
City Char		State NC	Zip Code 28215		Transaction ID : 5353c0d5-4748-413e-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			59.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date MM / DD / YYYY 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 315 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address Split Oak Drive			Amount 55.00	
City charlotte	State NC	Zip Code 28227	Transaction ID : 2b947719-5933-48e6-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address Split Oak Drive			Amount 23.70	
City charlotte	State NC	Zip Code 28227	Transaction ID : de8c43c0-2816-44aa-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			78.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 Ralphie Lockhart			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014		
Mailing Address 6310 Col Glenn Rd			Amount 20.00		
City Little Rock	State AR	Zip Code 72204	Transaction ID : fc829575-2639-4524-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ralphie Lockhart			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014		
Mailing Address 6310 Col Glenn Rd			Amount 3.00		
City Little Rock	State AR	Zip Code 72204	Transaction ID : 0a6f976f-1bd1-40c1-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			23.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Jessica Habakjian		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 4193 W. Lang St		Amount 999,999.99 3.30	
City Farmville	State NC	Zip Code 27828	Transaction ID : fb54eff5-4cd9-47ee-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
Calendar Year-To-Date Per Election for Office Sought 999,999.99 1095959.94		District: 00 State: NC Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	23.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Lily Green			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014		
Mailing Address 205 Medallion Circle			Amount 20.10		
City Shreveport	State LA	Zip Code 71119	Transaction ID : b45df635-8520-4bb1-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	80.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

01 / 30 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Steven Best		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 103 Washington Ave		Amount 7.47	
City Newport	State NC	Zip Code 28570	Transaction ID : cb540cfa-4f0a-4968-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
Calendar Year-To-Date Per Election for Office Sought 1095959.94		District: 00 State: NC Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	50.47
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Three 7-segment displays are shown, each with a different format: MM/DD/YYYY. The first display shows '01' for the month and '30' for the day. The second display shows '2015' for the year. The third display shows '01' for the month, '30' for the day, and '2015' for the year.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY / / MM / DD / YYYY / / MM / DD / YYYY / /					
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014		
Mailing Address 1410 Bushville drive			Amount 60.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : d14bc713-0850-41cc-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014		
Mailing Address 1410 Bushville drive			Amount 18.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : e2277441-04fc-4eed-9		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			78.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 106 Hillside St		Amount 6.63	
City Spindale	State NC	Zip Code 28160	Transaction ID : db01bba5-be2c-4721-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

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.

Full Name of Payee Solveig Lysne		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 7121 Oyster Lane		Amount 6.72	
City Wilmington	State NC	Zip Code 28411	Transaction ID : 69481e82-5060-49e9-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	62.02
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 323 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Donald Dessauer			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014		
Mailing Address 1804 Auburn Ave			Amount 25.00		
City Metaire	State LA	Zip Code 70003	Transaction ID : 521773b7-01a0-4f78-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Donald Dessauer			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014		
Mailing Address 1804 Auburn Ave			Amount 0.30		
City Metaire	State LA	Zip Code 70003	Transaction ID : d7310416-6aad-4ee0-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			25.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 324 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Ms. Ashlen Sandoz		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014
Mailing Address 204 Ranger Place		Amount 17.50
City Slidell	State LA	Zip Code 70115
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 59c73be6-313a-4057-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jeremy Hollar		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014
Mailing Address 121 Meadowview Drive		Amount 60.00
City Boone	State NC	Zip Code 28607
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 50fb3b4b-9704-4a98-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	77.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

Full Name of Payee Ms. Chassidy Menard		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 515 Walter Dr.		Amount 54.00	
City Lafayette	State LA	Zip Code 70507	Transaction ID : e4b89363-1c0b-4248-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	72.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 326 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mr. Alex Peyton			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014		
Mailing Address 859 Hicks Rd			Amount 30.00		
City Washington		State LA	Zip Code 70589		Transaction ID : fca9a14a-76cd-45ea-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mr. Alex Peyton			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014		
Mailing Address 859 Hicks Rd			Amount 24.00		
City Washington		State LA	Zip Code 70589		Transaction ID : baeb6833-6445-41a2-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 327 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Steven Jean			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014		
Mailing Address 2012 Harrison Ave			Amount 20.00		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 9cc6aa01-a871-4f19-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Brian Saltzler			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014		
Mailing Address 601 S College Road			Amount 57.50		
City Wilmington	State NC	Zip Code 28403	Transaction ID : 8928fb82-efda-4c20-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			77.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015		
Signature					

Full Name of Payee Donna Barrette		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 724 Harris Avenue		Amount 30.00	
City Harahan	State LA	Zip Code 70123	Transaction ID : 978fdc26-2ea2-40a7-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	33.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

01 / 30 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 329 OF 1704
FOR LINE 24 OF FORM 3X

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 Donna Barrette			Date of Public Distribution/Dissemination / /		
Mailing Address 724 Harris Avenue			Amount 0.90		
City Harahan	State LA	Zip Code 70123	Transaction ID : 9c1f1538-3eb3-4616-b Date of Disbursement or Obligation / /		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination / /		
Mailing Address 924 N. Prieur St			Amount 40.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 644f46d0-123b-4cfb-a Date of Disbursement or Obligation / /		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			40.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date / / 01 / 30 / 2015		
[Electronically Filed]					

Full Name of Payee Branson Cambre		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 117 Middleburg Dr.		Amount 60.00	
City Lafayette	State LA	Zip Code 70508	Transaction ID : 5d3478c7-7402-4e43-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	70.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature

Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 202 Rue Des Cajun		Amount 30.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 035365c6-c26b-494e-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	48.24
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Petrina Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014		
Mailing Address 3007 Darden Rd			Amount 60.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 4b91b1eb-99a4-4d8b-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	70.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY / / MM / DD / YYYY / / MM / DD / YYYY / /					
Full Name of Payee Petrina Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014		
Mailing Address 3007 Darden Rd			Amount 12.60		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 737f9688-ef58-4326-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Felice Barrett			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014		
Mailing Address 1588 Asbury			Amount 80.00		
City Springdale	State AR	Zip Code 72762	Transaction ID : c915e23f-fe04-454d-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			92.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u>		[Electronically Filed]		Date MM / DD / YYYY 01 30 2015	

Full Name of Payee Sharon Lloyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 4301 Lankford		Amount 80.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : 46d80e8c-33d4-4f98-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ 94.64
(b) SUBTOTAL of Unitemized Independent Expenditures	▶
(c) 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.

Signature

Full Name of Payee Larry Freeman		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 11214 Mesa drive		Amount 45.00	
City Little rock	State AR	Zip Code 72211	Transaction ID : 9eab2d15-0aa5-42b4-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	47.04
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 336 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Matt Gleb		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014	
Mailing Address 3815 Robin Road		Amount 43.00	
City Ayden	State NC	Zip Code 28513	Transaction ID : 79aef85c-8eb4-40fc-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Matt Gleb		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014	
Mailing Address 3815 Robin Road		Amount 22.50	
City Ayden	State NC	Zip Code 28513	Transaction ID : dee78c73-8c56-49f8-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		65.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 337 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Kacie Gleb			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 3815 Robin Road			Amount 13.00	
City Ayden	State NC	Zip Code 28513	Transaction ID : 6842a723-4b9d-4664-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 105 South Dale St			Amount 40.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : e1f48c1a-21ba-41cf-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015	
Signature				

Full Name of Payee Francesca Blom			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014		
Mailing Address 101 Asbury Ct			Amount 70.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 7a285d84-94cd-4f40-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	81.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 340 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 100.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 62743dc1-242e-46ef-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 12.51	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 7166e6f4-fc24-417e-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		112.51	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Danielle Landry		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 1089 Oleste Tauzin Road		Amount 5.70	
City Breux Bridge	State LA	Zip Code 70517	Transaction ID : d77b59f2-85a6-4f74-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	15.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 342 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Theresa A Touchet			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014		
Mailing Address 102 French Street #3			Amount 7.50		
City New Orleans		State LA	Zip Code 70124		Transaction ID : cfdc9b41-3266-4d6c-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Theresa A Touchet			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014		
Mailing Address 102 French Street #3			Amount 0.30		
City New Orleans		State LA	Zip Code 70124		Transaction ID : 72a65a61-188c-4496-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			7.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 3007 Darden Rd		Amount 16.20	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 4c5b39e8-4143-4c38-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	91.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 344 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination 07 / 07 / 2014	
Mailing Address 3007 Darden Rd			Amount 75.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : ee417cb8-4ebb-4663-b Date of Disbursement or Obligation 07 / 07 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lesley Lennox			Date of Public Distribution/Dissemination 07 / 07 / 2014	
Mailing Address 2305 Cleary Ave			Amount 17.50	
City Metairie	State LA	Zip Code 70001	Transaction ID : 9346a577-7296-4a55-8 Date of Disbursement or Obligation 07 / 07 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			92.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 100.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 48400bbd-618c-43ae-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	100.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 45.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 83c836de-ca1b-4f0f-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	57.81
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 347 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 4.20		
City Mandeville		State LA	Zip Code 70471		Transaction ID : f16339d4-2e03-4828-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014		
Mailing Address 110 W Pecan St			Amount 40.00		
City Ville Platte		State LA	Zip Code 70586		Transaction ID : 6362b504-fe46-44a1-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			44.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 629 Radiance Ave		Amount 70.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 02715098-6ff0-49cc-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 349 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 629 Radiance Ave		Amount 3.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : d554f408-2e91-4f50-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Melanie Slagle		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 77 Southridge Drive		Amount 11.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : dc4ede86-01a5-4bd5-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		14.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	

Full Name of Payee Melanie Slagle		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 77 Southridge Drive		Amount 3.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 3b62fb15-1d67-4d63-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 6412 Osage Dr		Amount 20.00	
City North Little rock	State AR	Zip Code 72116	Transaction ID : cb22123a-2063-4626-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	23.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 351 OF 1704
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 07 / 07 / 2014	
Mailing Address 6412 Osage Dr			Amount 1.50	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 1b4e17eb-f0d9-44fa-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	

Full Name of Payee Matthew Manuel			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 07 / 07 / 2014	
Mailing Address 1392 Lee Street			Amount 45.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 98bda046-08a8-441f-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	46.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M / D D / Y Y Y Y
01 / 30 / 2015

Signature

Full Name of Payee Charity Zerbel		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 804 Mary Ave		Amount 35.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : bf3db641-921c-4f2a-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	52.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 353 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Charity Zerbel			Date of Public Distribution/Dissemination 07 / 07 / 2014		
Mailing Address 804 Mary Ave			Amount 19.20		
City Neosho	State MO	Zip Code 64850	Transaction ID : cea2a50a-ee86-4cc3-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 07 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sherri Zerbel			Date of Public Distribution/Dissemination 07 / 07 / 2014		
Mailing Address 804 Mary Ave			Amount 35.00		
City Neasho	State MO	Zip Code 64850	Transaction ID : 984a8c75-84a8-46a7-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 07 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 1103 West Wilson Street		Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : b6c39353-4eec-47a9-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1120 1650 1359 1656"> <tr> <td data-bbox="1120 1650 1359 1656">69.20</td></tr> </table>	69.20
69.20		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1120 1656 1359 1661"> <tr> <td data-bbox="1120 1656 1359 1661"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1120 1661 1359 1669"> <tr> <td data-bbox="1120 1661 1359 1669"></td></tr> </table>	

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.

Date _____

Signature

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 1700 E Part Ave		Amount 20.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 41cf8e9d-0ed7-45fc-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 220 Doucet Rd		Amount 25.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : c22983e0-3e9c-4907-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	25.45
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date / /

Signature

Full Name of Payee Amy Eddie		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 5006 Lakeview Road		Amount 10.00	
City North Little Rock	State AR	Zip Code 72116	Transaction ID : fe5377e7-faed-4473-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: AR ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	292434.22		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	12.16
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 358 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Amy Eddie			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014		
Mailing Address 5006 Lakeview Road			Amount 1.50		
City North Little Rock		State AR	Zip Code 72116		Transaction ID : aa30a3cf-777a-497e-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014		
Mailing Address 915 E Market Ave			Amount 30.00		
City Searcy		State AR	Zip Code 72149		Transaction ID : 0ce185bd-a3e7-4586-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			31.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 359 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014		
Mailing Address 915 E Market Ave			Amount 4.50		
City Searcy		State AR	Zip Code 72149		Transaction ID : 8f6d01a1-5691-4fdb-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014		
Mailing Address 20679 Glenbrook Terrace			Amount 45.00		
City Sterling		State VA	Zip Code 20165		Transaction ID : fc8c88c9-5700-4610-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			49.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 360 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014		
Mailing Address 20679 Glenbrook Terrace			Amount 45.00		
City Sterling		State VA	Zip Code 20165		Transaction ID : 315759d5-7ca2-4897-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014		
Mailing Address 407 randall Dr			Amount 20.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : c7af0387-9f53-4ffc-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					65.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

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 MM / DD / YYYY

Full Name of Payee Darion Howard		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 407 Bernal St		Amount 20.00	
City Edinburg	State TX	Zip Code 78539	Transaction ID : c08e81d8-2b7f-4d0e-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Darius Beverly		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 157 Bishop Drive		Amount Amount 45.00	
City Avondale	State LA	Zip Code 70094	Transaction ID : 3a59b1b3-89af-47dc-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
District: 00 State: LA		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		Amount 554635.78	

(a) SUBTOTAL of Itemized Independent Expenditures.....		65.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date _____

Signature

Full Name of Payee Ms. Dinah Beverly		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 157 Bishop Drive		Amount 4.50	
City Avondale	State LA	Zip Code 70064	Transaction ID : 0b7834a7-d78a-487a-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	49.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Daniel Wall		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 3692 Bell Arthur Rd		Amount 27.50	
City Greenville	State NC	Zip Code 27834	Transaction ID : 95823a4a-9a8d-40a5-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	47.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

Full Name of Payee Sarah Biviano		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 603 Greenwood Dr		Amount 10.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 18f72193-402c-4d9a-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	15.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Nathan Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 1247 W Mt Comfort Rd		Amount 10.32	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : 7baf74f6-3738-4190-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	43.82
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Belinda Blake		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 7214 Duchamp Dr.		Amount 7.80	
City Char	State NC	Zip Code 28215	Transaction ID : b394ceed-26a6-4326-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	32.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee John Voholetz		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 718 N MacMillan Avenue		Amount 60.00	
City Wilmington	State NC	Zip Code 28803	Transaction ID : 573c19a2-beb6-48f9-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Roman Rys		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 635 Lotarche St		Amount 20.00	
City Greenville	State NC	Zip Code 27858	Transaction ID : 41ad0936-e307-41e3-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 369 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Roman Rys			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014		
Mailing Address 635 Lotarche St			Amount 5.10		
City Greenville	State NC	Zip Code 27858	Transaction ID : 40e27c48-a656-4d4f-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Katlynn Cockerham			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014		
Mailing Address 4970 Lyman Rd			Amount 40.00		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 9b63fa56-4c88-4f48-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			45.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 370 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Katlynn Cockerham			Date of Public Distribution/Dissemination 07 / 08 / 2014		
Mailing Address 4970 Lyman Rd			Amount 6.90		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : c7d7de24-df65-4c49-9
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation 07 / 08 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mr. Matthew Fouty			Date of Public Distribution/Dissemination 07 / 08 / 2014		
Mailing Address 110 Pebblestone Ct.			Amount 40.00		
City King		State NC	Zip Code 27021		Transaction ID : cbef3d88-f87f-4555-9
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation 07 / 08 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 Mr. Matthew Fouty			Date of Public Distribution/Dissemination 07 / 08 / 2014		
Mailing Address 110 Pebblestone Ct.			Amount 6.90		
City King	State NC	Zip Code 27021	Transaction ID : 766bfa63-b94c-4f74-b Date of Disbursement or Obligation 07 / 08 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Kay Hagan		
		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination 07 / 08 / 2014		
Mailing Address 105 South Dale St			Amount 50.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : bd8d7e83-c3cb-48b7-a Date of Disbursement or Obligation 07 / 08 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Kay Hagan		
		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	56.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 372 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination 07 / 08 / 2014		
Mailing Address 105 South Dale St			Amount 14.10		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : bf01c9b3-2342-49c4-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 08 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Steven Best			Date of Public Distribution/Dissemination 07 / 08 / 2014		
Mailing Address 103 Washington Ave			Amount 40.00		
City Newport	State NC	Zip Code 28570	Transaction ID : 980925d9-7b0e-42db-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 08 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Solveig Lysne		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 7121 Oyster Lane		Amount 41.80	
City Wilmington	State NC	Zip Code 28411	Transaction ID : b6847ddd-832b-4433-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	52.39
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature

Full Name of Payee Office Depot #344		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 401 North US Hwy 190 22369 Ponderosa Drive		Amount 73.41	
City Covington	State LA	Zip Code 70433	Transaction ID : 59c51693-84e3-46cc-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Purpose of Expenditure Copies of flyers for door to door distribution	Category/ Type 006		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	76.17
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 375 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Office Depot #344		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014	
Mailing Address 401 North US Hwy 190 22369 Ponderosa Drive		Amount 73.41	
City Covington	State LA	Zip Code 70433	Transaction ID : 38bb16c3-dde4-4c82-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014
Purpose of Expenditure Copies of flyers for door to door distribution		Category/ Type 006	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
554635.78			
Full Name of Payee Ralphie Lockhart		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014	
Mailing Address 6310 Col Glenn Rd		Amount 40.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 707d6cf1-a8e2-4e17-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
292434.22			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		113.41	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 376 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ralphie Lockhart			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014		
Mailing Address 6310 Col Glenn Rd			Amount 0.90		
City Little Rock		State AR	Zip Code 72204		Transaction ID : 24cbe4cc-7b02-4eb3-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Charity Zerbel			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014		
Mailing Address 804 Mary Ave			Amount 30.00		
City Neosho		State MO	Zip Code 64850		Transaction ID : 2636f6fe-ed71-42a7-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			30.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 377 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Charity Zerbel			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014		
Mailing Address 804 Mary Ave			Amount 26.40		
City Neosho	State MO	Zip Code 64850	Transaction ID : d5ddc259-b404-488a-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee David Ford			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014		
Mailing Address 106 Hillside St			Amount 55.00		
City Spindale	State NC	Zip Code 28160	Transaction ID : a3255cc1-2879-40e1-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			81.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 7214 Duchamp Dr		Amount 30.00	
City Charlotte	State NC	Zip Code 23215	Transaction ID : d6b5dc68-e004-47b0-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	35.97
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	94.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 380 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014		
Mailing Address 1434 South Avenue			Amount 13.50		
City Eden		State NC	Zip Code 27288		Transaction ID : 1c972cf4-9b30-4dec-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ms. Chassidy Menard			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014		
Mailing Address 515 Walter Dr.			Amount 60.00		
City Lafayette		State LA	Zip Code 70507		Transaction ID : acfb7604-ed6a-49bb-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			73.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Sarah Biviano		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 603 Greenwood Dr		Amount 30.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : f1ec8bf0-8d7b-486c-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Three 7-segment displays are shown, each with a different date format. The first display shows '01' with 'M' above the top-left and top-right segments. The second display shows '30' with 'D' above the top-left and top-right segments. The third display shows '2015' with 'Y' above each of the four digit segments.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 382 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Sarah Biviano			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014		
Mailing Address 603 Greenwood Dr			Amount 3.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 58939b3d-1d34-4caf-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mr. Alex Peyton			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014		
Mailing Address 859 Hicks Rd			Amount 60.00		
City Washington		State LA	Zip Code 70589		Transaction ID : e6900878-e9a7-41da-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Jennifer Susky		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 1117 Shadow Lane		Amount 10.00	
City Benton	State AR	Zip Code 72015	Transaction ID : 11e430ca-713e-4d9f-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	29.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Petrina Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 3007 Darden Rd		Amount 51.50	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 93406d46-1c93-4583-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	53.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Date _____

Signature

Three 7-segment displays are shown, each with a different format: MM/DD/YYYY. The first display shows '01' for the month and '30' for the day. The second display shows '2015' for the year. The third display shows '01' for the month, '30' for the day, and '2015' for the year.

Full Name of Payee Ky Broussard		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 301 N Cedar Street		Amount 50.00	
City Abbeville	State LA	Zip Code 70510	Transaction ID : 16b74d77-c08f-4b31-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	554635.78		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	59.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

01 / 30 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Lily Green		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 205 Medallion Circle		Amount 60.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 101af54f-b110-450e-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		73.50
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) 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.

Date _____

Signature

Three 7-segment displays are shown, each with a different format: MM/DD/YYYY, DD/MM/YYYY, and YYYY/MM/DD. The first display shows '01' for the month and '30' for the day. The second display shows '30' for the month and '01' for the day. The third display shows '2015' for the year, '01' for the month, and '30' for the day.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 387 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014		
Mailing Address 205 Medallion Circle			Amount 24.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : f7de0a64-80d5-4f5c-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sherri Zerbel			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014		
Mailing Address 804 Mary Ave			Amount 30.00		
City Neasho	State MO	Zip Code 64850	Transaction ID : f5b3869e-d69c-47a1-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

Full Name of Payee Sherri Zerbel		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 804 Mary Ave		Amount 30.00	
City Neasho	State MO	Zip Code 64850	Transaction ID : 839c9372-2113-4c61-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	48.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Sherri Zerbel			Date of Public Distribution/Dissemination 07 / 08 / 2014		
Mailing Address 804 Mary Ave			Amount 18.30		
City Neasho		State MO	Zip Code 64850		Transaction ID : c098afb6-9775-4b4a-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 07 / 08 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Reagan Brackett			Date of Public Distribution/Dissemination 07 / 08 / 2014		
Mailing Address 502 E Center Ave			Amount 35.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 6731ffd3-d7c4-41ad-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 07 / 08 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 390 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Reagan Brackett			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014		
Mailing Address 502 E Center Ave			Amount 7.38		
City Searcy		State AR	Zip Code 72143		Transaction ID : e5e00912-b99d-4c0e-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Tarrin Lesaicherre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014		
Mailing Address 629 Radiance Ave			Amount 70.00		
City Metairie		State LA	Zip Code 70001		Transaction ID : e1ee8454-abec-4808-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			77.38		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 391 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	

Full Name of Payee Tarrin Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 629 Radiance Ave		Amount 3.90	
City Metairie	State LA	Zip Code 70001	Transaction ID : 3f5f49db-0f9d-45bd-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 629 Radiance Ave		Amount 70.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 34e430bd-24f4-4398-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	73.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 392 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014		
Mailing Address 629 Radiance Ave			Amount 3.90		
City Metairie		State LA	Zip Code 70001		Transaction ID : b5b8e9a4-1e8f-4777-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Sharon Lloyd			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014		
Mailing Address 4301 Lankford			Amount 100.00		
City Springdale		State AR	Zip Code 72762		Transaction ID : d6b08e37-ee83-4fcc-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			103.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 08 / 2014	
Mailing Address 1700 E Part Ave		Amount 30.00	
City	State	Zip Code	Transaction ID : 7bf9780a-137f-4809-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 08 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	37.62
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

01 / 30 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Theresa Burkhart		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 3126 Chester Ct		Amount 40.00	
City Metairie	State LA	Zip Code 70006	Transaction ID : 8d480c22-b7bb-4a39-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House ☐ President	District: 00 State: LA ☒ Senate
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	43.48
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 395 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ms. Amanda Posey			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014		
Mailing Address 819 Lyons St			Amount 40.00		
City New Orleans		State LA	Zip Code 70115		Transaction ID : eadb9850-b478-4045-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Branson Cambre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014		
Mailing Address 117 Middleburg Dr.			Amount 60.00		
City Lafayette		State LA	Zip Code 70508		Transaction ID : 3ec05ede-55c1-4a07-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 396 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Branson Cambre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 07 / 08 / 2014		
Mailing Address 117 Middleburg Dr.			Amount 22.98		
City Lafayette	State LA	Zip Code 70508	Transaction ID : b63db963-e0e6-4e79-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 07 / 08 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 07 / 08 / 2014		
Mailing Address Split Oak Drive			Amount 40.00		
City charlotte	State NC	Zip Code 28227	Transaction ID : 8641c841-65b3-484d-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 07 / 08 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			62.98		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 397 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014	
Mailing Address Split Oak Drive		Amount 27.39	
City charlotte	State NC	Zip Code 28227	Transaction ID : 96bcee97-acbc-485c-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jennie Butler		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014	
Mailing Address 1676 Shady Creek Rd		Amount 43.33	
City Ayden	State NC	Zip Code 28513	Transaction ID : 8d394c8b-7c9f-43f6-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		70.72	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 398 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jennie Butler			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014		
Mailing Address 1676 Shady Creek Rd			Amount 13.62		
City Ayden		State NC	Zip Code 28513		Transaction ID : 133fa273-b5c6-4f0c-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Melanie Slagle			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014		
Mailing Address 77 Southridge Drive			Amount 12.00		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : ac70f158-9484-4e34-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			25.62		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 399 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Melanie Slagle			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014		
Mailing Address 77 Southridge Drive			Amount 3.30		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : fda46a84-e17b-47c3-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Allie Butler			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014		
Mailing Address 1676 Shady Creek Rd			Amount 23.33		
City Ayden	State NC	Zip Code 28513	Transaction ID : 0bcd429b-80cd-4c7f-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			26.63		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 400 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Thomas Sisk		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 3625 Chapelwood Drive		Amount 30.00	
City Gastonia	State NC	Zip Code 28025	Transaction ID : 1567533d-e754-4829-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Thomas Sisk		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 3625 Chapelwood Drive		Amount 5.25	
City Gastonia	State NC	Zip Code 28025	Transaction ID : 0d2acba3-e4df-4f9c-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		35.25	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 401 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Emily Butler			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014		
Mailing Address 1676 Shady Creek Rd			Amount 43.40		
City Ayden		State NC	Zip Code 28513		Transaction ID : 9d38e3dd-8891-4a7d-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Carmen Maddrey			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014		
Mailing Address 2043 Nottingham Ln			Amount 30.00		
City Burlington		State NC	Zip Code 27215		Transaction ID : d4fd7187-96db-4299-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			73.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date MM / DD / YYYY 01 / 30 / 2015		
			[Electronically Filed]		

Full Name of Payee Carmen Maddrey		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 2043 Nottingham Ln		Amount 2.10	
City Burlington	State NC	Zip Code 27215	Transaction ID : 8cbb7879-db06-4f80-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 924 N. Prieur St		Amount 75.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 6c06821e-194e-4445-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	77.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Full Name of Payee Jessica Habakjian		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 4193 W. Lang St		Amount 20.00	
City Farmville	State NC	Zip Code 27828	Transaction ID : 6ee78bb9-1cbd-42e0-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	34.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

Full Name of Payee Theresa A Touchet			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014		
Mailing Address 102 French Street #3			Amount 52.50		
City New Orleans	State LA	Zip Code 70124	Transaction ID : 80f4f9f0-9da0-49b4-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	61.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 405 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Theresa A Touchet			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014		
Mailing Address 102 French Street #3			Amount 1.50		
City New Orleans		State LA	Zip Code 70124		Transaction ID : 5aedf942-77d0-4300-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014		
Mailing Address 20679 Glenbrook Terrace			Amount 70.00		
City Sterling		State VA	Zip Code 20165		Transaction ID : a52aac49-c9d9-4879-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			71.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 202 Rue Des Cajun		Amount 14.40	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : cc5078d5-4ad9-4bcc-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	49.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Benjamin Hernandez		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 915 E Market Ave		Amount 5.10	
City Searcy	State AR	Zip Code 72149	Transaction ID : 5adda06e-bb13-4b8f-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	55.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 110 W Pecan St		Amount 31.20	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 6d54abb8-9f2e-446d-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	71.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 409 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014
Mailing Address 2305 Cleary Ave		Amount 10.00
City Metairie	State LA	Zip Code 70001
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014
Mailing Address 2305 Cleary Ave		Amount 0.90
City Metairie	State LA	Zip Code 70001
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10.90
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 Robin L Bennett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 3505 Beaumont St Apt 13D		Amount 10.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : 67b87ebe-b77a-4a1b-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Robin L Bennett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 3505 Beaumont St Apt 13D		Amount 34.50	
City Neosho	State MO	Zip Code 64850	Transaction ID : ec59cee0-3cea-4b63-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	44.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee James Antonetz		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 11127 Gila Valley Dr		Amount 3.60	
City Little Rock	State AR	Zip Code 72212	Transaction ID : 81fb1b79-c3fb-4aef-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....		33.60
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

Full Name of Payee Morgan T McCabe		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 107 Alene Ln		Amount 4.20	
City Bald Knob	State AR	Zip Code 72010	Transaction ID : ffd809b4-6a19-4c57-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 ☐ Other (specify) ▶	
		☐ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....		34.20
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 413 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Brian Saltzler			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014		
Mailing Address 601 S College Road			Amount 40.00		
City Wilmington	State NC	Zip Code 28403	Transaction ID : 03967ced-d9ea-487f-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Brian Saltzler			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014		
Mailing Address 601 S College Road			Amount 2.70		
City Wilmington	State NC	Zip Code 28403	Transaction ID : b0b2e010-668e-47be-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 414 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 07 / 08 / 2014		
Mailing Address 3007 Darden Rd			Amount 77.50		
City Greensboro	State NC	Zip Code 27407	Transaction ID : f179671b-76d7-4070-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 08 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 07 / 08 / 2014		
Mailing Address 3007 Darden Rd			Amount 18.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 226836a4-a563-458f-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 08 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			95.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Mr. Haley Brown		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 344 Natalie Drive		Amount 30.00	
City Winston-Salem	State NC	Zip Code 27030	Transaction ID : 1691ff32-69ff-4034-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	107.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

01 / 30 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 416 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mr. Haley Brown			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014		
Mailing Address 344 Natalie Drive			Amount 6.00		
City Winston-Salem		State NC	Zip Code 27030		Transaction ID : 5dee8712-c23a-4057-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		
Office Sought: ☐ President ☒ Senate			District: <u>00</u> State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014		
Mailing Address 220 Doucet Rd			Amount 25.00		
City Lafayette		State LA	Zip Code 70503		Transaction ID : badec423-7964-45c0-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		
Office Sought: ☐ President ☒ Senate			District: <u>00</u> State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			31.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <i>Ms. Emily Buchanan</i>			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 417 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014		
Mailing Address 220 Doucet Rd			Amount 1.95		
City Lafayette		State LA	Zip Code 70503		Transaction ID : 6719b8fe-d31a-4418-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014		
Mailing Address 2090 Fancy Gap Rd			Amount 40.00		
City Mt. Airy		State NC	Zip Code 27030		Transaction ID : 5032cf06-52ac-4f17-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			41.95		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed] Date MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 407 randall Dr		Amount 30.00	
City	State	Zip Code	Transaction ID : 60c7dcbb-2c7c-4e1e-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
		292434.22	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	40.53
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

01 / 30 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Amelia Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 804 Roundabout Circle		Amount Amount 10.00	
City	State	Zip Code	Transaction ID : be468caf-7924-4bea-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Amount 292434.22 Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	40.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Date _____

Signature

Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 100 Asbury Ct		Amount 105.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : eeb0ee8d-f356-4142-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	106.14
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Date _____

Signature

Three examples of 1D barcodes are shown, each with a label above it: MM01, DD30, and YYYY2015. The MM01 barcode has two 'M' labels above the first two bars. The DD30 barcode has two 'D' labels above the first two bars. The YYYY2015 barcode has four 'Y' labels above the first four bars.

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 1025 Cayley Ct		Amount 18.30	
City High Point	State NC	Zip Code 27260	Transaction ID : cb473912-8eac-4ef2-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	98.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 1103 West Wilson Street		Amount 22.50	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : c24eba61-1edd-4f47-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	62.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 423 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Jeremy Hollar			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014		
Mailing Address 121 Meadowview Drive			Amount 20.00		
City Boone	State NC	Zip Code 28607	Transaction ID : b1553c78-9187-4a2a-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Jeremy Hollar			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014		
Mailing Address 121 Meadowview Drive			Amount 7.50		
City Boone	State NC	Zip Code 28607	Transaction ID : 19c9856b-303a-4bfd-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			27.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 Caleb Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 1410 Bushville drive		Amount 60.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 8c84bdc5-fb17-436f-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Caleb Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 1410 Bushville drive		Amount 9.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 339f7dca-ad1c-4d0d-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	69.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 425 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 70.00		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : d54aa87b-8d6b-42bf-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 16.53		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 0ae669c4-d312-4a45-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			86.53		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 1.80	
City Little Rock	State AR	Zip Code 72205	Transaction ID : e0beb2c5-0245-4a21-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Three 7-segment displays are shown, each with a different format. The first display shows '01' with 'M' above the top-left and top-right segments. The second display shows '30' with 'D' above the top-left and top-right segments. The third display shows '2015' with 'Y' above each of the four digit segments.

Full Name of Payee Belinda Blake		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 7214 Duchamp Dr.		Amount 8.10	
City Char	State NC	Zip Code 28215	Transaction ID : 21c2305f-5889-4e71-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		38.10
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) 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.

Date _____

Signature

Three 7-segment displays are shown, each with a different format: MM/DD/YYYY. The first display shows '01' for the month, '30' for the day, and '2015' for the year. The second display shows '02' for the month, '01' for the day, and '2015' for the year. The third display shows '03' for the month, '01' for the day, and '2015' for the year.

Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 105 South Dale St		Amount 80.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : a48c4750-3cc1-4dec-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 105 South Dale St		Amount 15.30	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : e4de112f-e0d8-4dc5-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	95.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Date _____

Signature

01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 429 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 30.00		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 72c64ae1-6350-4ef5-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 0.60		
City Charlotte	State NC	Zip Code 23215	Transaction ID : b9fc6314-3bf6-4c00-b		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			30.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 430 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Erika Burfield		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014
Mailing Address 2939 Country Club Drive		Amount 45.00
City Hampstead	State NC	Zip Code 28443
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 904fe2dc-fa84-4496-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Erika Burfield		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014
Mailing Address 2939 Country Club Drive		Amount 9.00
City Hampstead	State NC	Zip Code 28443
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : b07127f9-26cc-471f-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	54.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 431 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Nathan O Murdock		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014
Mailing Address 8837 Plantation Landing Dr		Amount 35.00
City Wilmington	State NC	Zip Code 28411
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : b17fb271-e13a-40ff-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Nathan O Murdock		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014
Mailing Address 8837 Plantation Landing Dr		Amount 4.20
City Wilmington	State NC	Zip Code 28411
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 205e9f05-28ad-4c02-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	39.20
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 432 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Ky Broussard		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Mailing Address 301 N Cedar Street		Amount 50.00	
City Abbeville	State LA	Zip Code 70510	Transaction ID : 31c10737-6d5e-4aaf-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ky Broussard		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Mailing Address 301 N Cedar Street		Amount 12.90	
City Abbeville	State LA	Zip Code 70510	Transaction ID : fed059c3-8874-40be-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		62.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 433 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ralphie Lockhart			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014		
Mailing Address 6310 Col Glenn Rd			Amount 25.00		
City Little Rock		State AR	Zip Code 72204		Transaction ID : 9cae3c35-23be-4549-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292434.22 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Karl L Starns			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 50.00		
City Monroe		State LA	Zip Code 71212		Transaction ID : 010bab1a-7b27-4c55-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 434 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Karl L Starns			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 6.00		
City Monroe		State LA	Zip Code 71212		Transaction ID : 9d4b9bc2-a952-417f-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Solveig Lysne			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014		
Mailing Address 7121 Oyster Lane			Amount 59.00		
City Wilmington		State NC	Zip Code 28411		Transaction ID : 15859701-8c22-4f3e-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 300 Evangeline St		Amount 50.00	
City Monroe	State LA	Zip Code 71201	Transaction ID : f5d3fe5f-d870-40f4-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	56.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Larry Freeman		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 11214 Mesa drive		Amount 40.00	
City Little rock	State AR	Zip Code 72211	Transaction ID : 066ca8a6-31e8-4ede-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....		120.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Felice Barrett			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014		
Mailing Address 1588 Asbury			Amount 85.00		
City Springdale	State AR	Zip Code 72762	Transaction ID : 42ce8270-ef3c-4cf7-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Felice Barrett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 1588 Asbury		Amount 4.50	
City Springdale	State AR	Zip Code 72762	Transaction ID : 414ef0fa-0d4b-44ee-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	89.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Full Name of Payee Sharon Lloyd			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014		
Mailing Address 4301 Lankford			Amount 13.50		
City Springdale	State AR	Zip Code 72762	Transaction ID : 596056ce-33dd-4cfa-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	98.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

01 / 30 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Andrew Shiver		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 110 Earlston Ct		Amount 11.40	
City Knightdale	State NC	Zip Code 27545	Transaction ID : fdc388e9-0ada-4d04-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		56.40
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 440 OF 1704
FOR LINE 24 OF FORM 3X

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			MM / DD / YYYY	
Full Name of Payee Mariah L Garcie		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014		
Mailing Address 9344 Forbing Rd		Amount 20.00		
City Shreveport	State LA	Zip Code 71106	Transaction ID : e82042aa-89e4-4e01-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mariah L Garcie		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014		
Mailing Address 9344 Forbing Rd		Amount 6.00		
City Shreveport	State LA	Zip Code 71106	Transaction ID : bd3815b4-8c4a-484f-8	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		26.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 407 randall Dr		Amount 30.00	
City	State	Zip Code	Transaction ID : 0409dddc-e194-4dc3-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Jeremy Hollar		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 121 Meadowview Drive		Amount \$ 25.00	
City Boone	State NC	Zip Code 28607	Transaction ID : 7ca72dba-8442-4161-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Jeremy Hollar		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 121 Meadowview Drive		Amount 8.10	
City Boone	State NC	Zip Code 28607	Transaction ID : 5c07aaed-9dfa-4c06-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
Calendar Year-To-Date Per Election for Office Sought 1095959.94		District: 00 State: NC Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	33.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Three examples of 1D barcodes are shown, each with a label above it: MM01, DD30, and YYYY2015. The MM01 barcode has two 'M' labels above the first two bars. The DD30 barcode has two 'D' labels above the first two bars. The YYYY2015 barcode has four 'Y' labels above the first four bars.

Full Name of Payee Jonathan Odette		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 9600 Earpsboro Chamblee Road		Amount 26.10	
City Wendell	State NC	Zip Code 27591	Transaction ID : b29e937e-a243-41af-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	71.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 444 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination 07 / 09 / 2014		
Mailing Address 1410 Bushville drive			Amount 30.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 9712de63-2ffd-4ece-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 09 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination 07 / 09 / 2014		
Mailing Address 1410 Bushville drive			Amount 8.10		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 40402181-71e0-4473-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 09 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			38.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Peter Sahun			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014		
Mailing Address 107 Phillip Ave			Amount 30.00		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 4cdd1ef5-37de-4697-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Melanie Slagle		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 77 Southridge Drive		Amount 10.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : b5c03777-13ee-49a1-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	13.72
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 629 Radiance Ave		Amount 70.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 8bcbfa99-e906-4b68-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

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.

Three examples of 1D barcodes are shown, each with a label above it: MM01, DD30, and YYYY2015. The MM01 barcode has two 'M' labels above the first two bars. The DD30 barcode has two 'D' labels above the first two bars. The YYYY2015 barcode has four 'Y' labels above the first four bars.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 448 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014		
Mailing Address 629 Radiance Ave			Amount 7.80		
City Metairie		State LA	Zip Code 70001		Transaction ID : ed91018b-d309-4a28-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014		
Mailing Address 2090 Fancy Gap Rd			Amount 60.00		
City Mt. Airy		State NC	Zip Code 27030		Transaction ID : 0ae2f7ca-f9c6-43ee-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			67.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Robin L Bennett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 3505 Beaumont St Apt 13D		Amount 40.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : 1dc00031-82bc-4259-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	55.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Signature

Full Name of Payee Andrea L Hammond		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 12920 Kneeland Ln		Amount 40.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : c3700681-0b3f-4583-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	83.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 451 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Andrea L Hammond		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 12920 Kneeland Ln		Amount 1.20	
City Neosho	State MO	Zip Code 64850	Transaction ID : 2a4fb350-eea4-4221-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Reagan Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 502 E Center Ave		Amount 10.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : df5b38c6-b4c3-4dac-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		11.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Roman Rys		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 635 Lotarche St		Amount 14.10	
City Greenville	State NC	Zip Code 27858	Transaction ID : 3ee241b5-63bd-4413-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	64.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 453 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Saige Anderson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Mailing Address PO Box 424			Amount 50.00	
City Searcy		State AR	Zip Code 72145	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 5ac0097a-34d9-4868-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Saige Anderson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Mailing Address PO Box 424			Amount 10.59	
City Searcy		State AR	Zip Code 72145	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : e2624091-14f2-4aa5-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			60.59	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015 [Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 454 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Mailing Address 20679 Glenbrook Terrace			Amount 67.50	
City Sterling		State VA	Zip Code 20165	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : d16685ad-731c-4d3c-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Mailing Address 6412 Osage Dr			Amount 30.00	
City North Little rock		State AR	Zip Code 72116	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : b560c86f-ee15-40f6-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			97.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Malinda Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 44 Bell Street Ext		Amount 80.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 367948e4-3de2-4c32-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		82.25
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 456 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014		
Mailing Address 44 Bell Street Ext			Amount 25.80		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : a02a5eee-f602-4664-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Myeisha M Ross			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014		
Mailing Address 3411 Asher Ave			Amount 50.00		
City Little Rock		State AR	Zip Code 72209		Transaction ID : a5e51390-761b-49e4-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292434.22 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 457 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Amiracle R Ross		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Mailing Address 3411 Asher Ave		Amount 50.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : afdc61e0-a819-498e-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amiracle R Ross		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Mailing Address 3411 Asher Ave		Amount 12.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 11ab0097-65f5-4c02-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		62.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
[Electronically Filed]			

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 220 Doucet Rd		Amount 1.53	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 62186cfe-831a-4b03-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....		26.53
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) 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.

Signature

Full Name of Payee Theresa Burkhart		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 3126 Chester Ct		Amount 4.08	
City Metairie	State LA	Zip Code 70006	Transaction ID : 3f3fc17b-f2ba-45b1-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.08
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014		
Mailing Address 110 W Pecan St			Amount 33.60		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : abe06a2e-4c3e-42da-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	73.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 461 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Ms. Amanda Posey		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 819 Lyons St		Amount 40.00	
City New Orleans	State LA	Zip Code 70115	Transaction ID : 73ca4116-40c7-48cc-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 80.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 1716d738-2e59-4761-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		120.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Marilyn Riley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 338 Wayne Drive		Amount 20.00	
City Shreveport	State LA	Zip Code 71105	Transaction ID : 17be1011-4262-41a4-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	554635.78		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	22.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 463 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ms. Amanda Posey			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014		
Mailing Address 819 Lyons St			Amount 40.00		
City New Orleans		State LA	Zip Code 70115		Transaction ID : 15d01167-6055-4381-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 35.00		
City Ville Platte		State LA	Zip Code 70586		Transaction ID : cc014767-865c-4d96-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 464 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 9.90		
City State Zip Code Ville Platte LA 70586		Transaction ID : ce601bc4-2c43-4eb8-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014		
Mailing Address 1700 E Part Ave			Amount 25.00		
City State Zip Code Searcy AR 72149		Transaction ID : 58c6f9fd-365d-446f-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			34.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 1700 E Part Ave		Amount 3.45	
City	State	Zip Code	Transaction ID : 637ea839-3543-4fde-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Searcy	AR	72149	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 1025 Cayley Ct		Amount 80.00	
City High Point	State NC	Zip Code 27260	Transaction ID : b09d612f-a52a-4e91-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	83.45
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 466 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Mailing Address 1025 Cayley Ct		Amount 20.40	
City High Point	State NC	Zip Code 27260	Transaction ID : d80e7ac3-6e55-45ce-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James Antonetz		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Mailing Address 11127 Gila Valley Dr		Amount 40.00	
City Little Rock	State AR	Zip Code 72212	Transaction ID : 94707dfa-c1a8-4a72-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		60.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

Full Name of Payee Elizabeth Hanks		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 891 W. Melmar		Amount 30.00	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : 18dcf1a6-9328-411c-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	34.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 468 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Elizabeth Hanks			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014		
Mailing Address 891 W. Melmar			Amount 2.19		
City Fayetteville		State AR	Zip Code 72703		Transaction ID : b7578ad0-8dbf-442f-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292434.22 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Petrina Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014		
Mailing Address 3007 Darden Rd			Amount 33.00		
City Greensboro		State NC	Zip Code 27407		Transaction ID : f1715aeb-f206-4a85-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			35.19		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 469 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Petrina Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 3007 Darden Rd			Amount 15.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : d964389d-0e4a-4ef3-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gosch Ellers			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 377 Darlington Ave			Amount 50.00	
City Wilmington	State NC	Zip Code 28403	Transaction ID : 76d33001-04f5-4b22-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015	
Signature				

Full Name of Payee Paul Rickert			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014		
Mailing Address 710 St. Martins Lane			Amount 52.00		
City Bossier City	State LA	Zip Code 71111	Transaction ID : 00d5ca45-6556-4c4d-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	69.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Paul Rickert		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 710 St. Martins Lane		Amount 24.30	
City Bossier City	State LA	Zip Code 71111	Transaction ID : 6f4770e3-8e8d-4741-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Carmen Maddrey		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 2043 Nottingham Ln		Amount 25.00	
City Burlington	State NC	Zip Code 27215	Transaction ID : 187b25ff-2de9-4f1c-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC Disbursement For: ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought		1095959.94	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	49.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

Full Name of Payee Bradley K Kissinger		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 3113 Imperial Valley Dr.		Amount 40.00	
City Little Rock	State AR	Zip Code 72212	Transaction ID : 36866b3f-d655-4122-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	41.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

Full Name of Payee Cassidy Quartararo		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 632 Cameron Court		Amount 40.00	
City Kenner	State LA	Zip Code 70065	Transaction ID : 810fb7a8-d166-44a0-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	45.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 474 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 07 / 09 / 2014		
Mailing Address 3007 Darden Rd			Amount 60.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 40732df0-730b-4e50-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 09 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 07 / 09 / 2014		
Mailing Address 3007 Darden Rd			Amount 15.30		
City Greensboro	State NC	Zip Code 27407	Transaction ID : be0c852f-6d58-413e-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 09 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Ms. Emily Buchanan		[Electronically Filed]	Date 01 / 30 / 2015		
Signature					

Full Name of Payee Amelia Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 804 Roundabout Circle		Amount 1.65	
City	State	Zip Code	Transaction ID : 63fbd640-ad43-4863-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	11.65
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 476 OF 1704
FOR LINE 24 OF FORM 3X

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			MM / DD / YYYY	
Full Name of Payee Beverly Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014		
Mailing Address 3007 Darden Rd		Amount 60.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 6aeb67f3-4ccf-498f-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014		
Mailing Address 1103 West Wilson Street		Amount 45.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : a08ed415-d094-4cbf-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		105.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) 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.				
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015		
		[Electronically Filed]		

Full Name of Payee Romondia Y Ross		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 3411 Asher Ave		Amount 50.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 73c01eb7-015a-4ff5-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Romondia Y Ross		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 3411 Asher Ave		Amount 50.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 99688bd9-a756-4404-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ 62.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶
(c) 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.

Date _____

Signature

Full Name of Payee Matthew Manuel		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 1392 Lee Street		Amount Amount 40.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 89a9174e-124c-4b33-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Amount 554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	52.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 480 OF 1704
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Matthew Manuel		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Mailing Address 1392 Lee Street		Amount 16.50	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 0f35c2c6-9c8c-4777-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Earl Stewart		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Mailing Address 9455 Snow Camp Road		Amount 80.00	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : 677a32cd-0dae-471f-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	96.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 481 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Earl Stewart		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Mailing Address 9455 Snow Camp Road		Amount 6.00	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : c1c96177-f57f-4410-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 70.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 5e8c8844-33c2-4ad8-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		76.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 482 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 21.06		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 42a45248-9d77-4721-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christine Stevens			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014		
Mailing Address 100 Asbury Ct			Amount 60.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 62f1cb05-a328-4c07-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			81.06		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Nathan Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 1247 W Mt Comfort Rd		Amount 6.60	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : f2938428-0ea1-44e7-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	28.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 4.80	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 90104049-56be-4c1e-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	39.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Signature

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 3.60	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 3f1b8d26-d3ef-42fa-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	33.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 486 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014		
Mailing Address 2134 Tobaccoville Rd			Amount 22.50		
City Rural Hall	State NC	Zip Code 27045	Transaction ID : 4c2ded69-3a35-445f-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 22.50		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 4d1f8b8c-78de-4b6c-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			45.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 487 OF 1704
FOR LINE 24 OF FORM 3X

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 James Kindstedt			Date of Public Distribution/Dissemination / / 07 / 10 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 3.03		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 3c28967c-f117-4100-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation / / 07 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Danielle R Little			Date of Public Distribution/Dissemination / / 07 / 10 / 2014		
Mailing Address 459 Hwy 144 Calhoun			Amount 40.00		
City Calhoun		State LA	Zip Code 71225		Transaction ID : ff64e6c9-593f-4737-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / / 07 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 43.03		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date / / 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 488 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Danielle R Little			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 459 Hwy 144 Calhoun			Amount 10.47	
City Calhoun	State LA	Zip Code 71225	Transaction ID : 48fce7c1-82a3-4be5-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gabriella E Hansen			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 310 West Meath Drive			Amount 15.00	
City Winterville	State NC	Zip Code 28590	Transaction ID : 74c90171-ed19-4da0-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			25.47	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 489 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Gabriella E Hansen		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014	
Mailing Address 310 West Meath Drive		Amount 4.80	
City Winterville	State NC	Zip Code 28590	Transaction ID : 28b311c4-0796-4dcb-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Malinda Ledford		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014	
Mailing Address 44 Bell Street Ext		Amount 80.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : e323ee76-9acb-49e6-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		84.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 490 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Malinda Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014
Mailing Address 44 Bell Street Ext		Amount 37.50
City Spruce Pine	State NC	Zip Code 28777
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 01a82b8c-b411-455c-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014
Mailing Address 1691 Fork Mtn Rd		Amount 80.00
City Bakersville	State NC	Zip Code 28705
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 6daf06ae-c51e-44aa-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	117.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 491 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014
Mailing Address 1691 Fork Mtn Rd		Amount 37.50
City Bakersville	State NC	Zip Code 28705
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : df0e8f22-1b8f-4be9-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014
Mailing Address Split Oak Drive		Amount 40.00
City charlotte	State NC	Zip Code 28227
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 065d0100-b433-4fdc-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	77.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 492 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014		
Mailing Address Split Oak Drive			Amount 22.77		
City charlotte		State NC	Zip Code 28227		Transaction ID : 61966694-3ffe-4148-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Myeisha M Ross			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014		
Mailing Address 3411 Asher Ave			Amount 50.00		
City Little Rock		State AR	Zip Code 72209		Transaction ID : f409728a-6a83-4522-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.77		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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. Signature <u>Ms. Emily Buchanan</u> [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 493 OF 1704
FOR LINE 24 OF FORM 3X

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 M M / D D / Y Y Y Y Y Y				
Full Name of Payee Jennifer Susky			Date of Public Distribution/Dissemination 07 / 10 / 2014	
Mailing Address 1117 Shadow Lane			Amount 10.00	
City Benton	State AR	Zip Code 72015	Transaction ID : 7957b19a-0d70-409e-a Date of Disbursement or Obligation 07 / 10 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jennifer Susky			Date of Public Distribution/Dissemination 07 / 10 / 2014	
Mailing Address 1117 Shadow Lane			Amount 1.50	
City Benton	State AR	Zip Code 72015	Transaction ID : bfbb6fc3-3a1a-4eb8-8 Date of Disbursement or Obligation 07 / 10 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			11.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 494 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee David Ford			Date of Public Distribution/Dissemination 07 / 10 / 2014	
Mailing Address 106 Hillside St			Amount 80.00	
City Spindale	State NC	Zip Code 28160	Transaction ID : 5f6bb773-0bdf-4e99-a Date of Disbursement or Obligation 07 / 10 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee David Ford			Date of Public Distribution/Dissemination 07 / 10 / 2014	
Mailing Address 106 Hillside St			Amount 12.15	
City Spindale	State NC	Zip Code 28160	Transaction ID : 9c4cfe4a-a9c0-4caa-9 Date of Disbursement or Obligation 07 / 10 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			92.15	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 495 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Dylan Simon		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014	
Mailing Address 111 Millrock Drive		Amount 18.33	
City Lafayette	State LA	Zip Code 70508	Transaction ID : eb88e369-65f3-4ac4-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Dylan Simon		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014	
Mailing Address 111 Millrock Drive		Amount 5.58	
City Lafayette	State LA	Zip Code 70508	Transaction ID : 85382110-82fb-4d16-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		23.91	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 496 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ralphie Lockhart			Date of Public Distribution/Dissemination 07 / 10 / 2014		
Mailing Address 6310 Col Glenn Rd			Amount 15.00		
City Little Rock		State AR	Zip Code 72204		Transaction ID : f9b31ba0-473e-433e-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 07 / 10 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Matt Gleb			Date of Public Distribution/Dissemination 07 / 10 / 2014		
Mailing Address 3815 Robin Road			Amount 55.00		
City Ayden		State NC	Zip Code 28513		Transaction ID : 8404d121-b9fa-42a4-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 07 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			70.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 497 OF 1704
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Matt Gleb		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014
Mailing Address 3815 Robin Road		Amount 34.50
City Ayden	State NC	Zip Code 28513
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Luke T Waltermire		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014
Mailing Address 107 S Grist Mill Rd		Amount 36.00
City Hampstead	State NC	Zip Code 28443
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	70.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2015

Signature

Full Name of Payee Steven Best		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 103 Washington Ave		Amount 30.00	
City Newport	State NC	Zip Code 28570	Transaction ID : bff43a00-0092-4824-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	43.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 499 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Steven Best			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 103 Washington Ave			Amount 9.60	
City Newport	State NC	Zip Code 28570	Transaction ID : bc60b631-83c9-4d43-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 3007 Darden Rd			Amount 60.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 0f8bfe37-aff7-4acc-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			69.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 500 OF 1704
FOR LINE 24 OF FORM 3X

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			MM / DD / YYYY	
Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014		
Mailing Address 3007 Darden Rd		Amount 14.70		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 0e2037d5-1359-4aa6-9	
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Beverly Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014		
Mailing Address 3007 Darden Rd		Amount 60.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 8c2ceaad-83c9-407a-a	
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		74.70		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 501 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Reagan Brackett			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014		
Mailing Address 502 E Center Ave			Amount 30.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 35789c65-f7c8-44cb-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Robin L Bennett			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014		
Mailing Address 3505 Beaumont St Apt 13D			Amount 30.00		
City Neosho		State MO	Zip Code 64850		Transaction ID : d3d0d28b-fee9-4a6f-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			60.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 502 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Robin L Bennett			Date of Public Distribution/Dissemination 07 / 10 / 2014		
Mailing Address 3505 Beaumont St Apt 13D			Amount 35.40		
City Neosho		State MO	Zip Code 64850		Transaction ID : f207a34a-fc8e-4ecf-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 07 / 10 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Francesca Blom			Date of Public Distribution/Dissemination 07 / 10 / 2014		
Mailing Address 101 Asbury Ct			Amount 90.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 42f62c92-aa0f-42b9-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 07 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			125.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date 01 / 30 / 2015		
			[Electronically Filed]		

Full Name of Payee Petrina Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 3007 Darden Rd		Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 316c57f9-81d0-4bf0-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

Full Name of Payee Erika Burfield		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 2939 Country Club Drive		Amount 20.00	
City Hampstead	State NC	Zip Code 28443	Transaction ID : cab96efd-d4d3-431c-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	29.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

Full Name of Payee Mary Johnson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 105 South Dale St		Amount 60.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 24056643-3901-4aaa-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	63.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 105 South Dale St		Amount 60.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 69346bb9-5249-4e26-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Peter Sahuc		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 107 Phillip Ave		Amount 30.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : cefbee4c-4eee-4442-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought		554635.78	District: 00 State: LA Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	45.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

Full Name of Payee Larry Freeman		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 11214 Mesa drive		Amount 20.00	
City Little rock	State AR	Zip Code 72211	Transaction ID : 625c847e-c13e-4f92-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		26.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 509 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Solveig Lysne			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 10 / 2014	
Mailing Address 7121 Oyster Lane			Amount 35.80	
City Wilmington	State NC	Zip Code 28411	Transaction ID : 3140e106-6aa5-4996-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Solveig Lysne			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 10 / 2014	
Mailing Address 7121 Oyster Lane			Amount 5.58	
City Wilmington	State NC	Zip Code 28411	Transaction ID : e22b6302-27b8-43b0-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			41.38	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M / D D / Y Y Y Y Y Y 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 510 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Theresa A Touchet			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014		
Mailing Address 102 French Street #3			Amount 27.50		
City New Orleans	State LA	Zip Code 70124	Transaction ID : 5e9e9583-d150-4719-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Theresa A Touchet			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014		
Mailing Address 102 French Street #3			Amount 0.90		
City New Orleans	State LA	Zip Code 70124	Transaction ID : 4fdb583b-3aac-41f7-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			28.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 511 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014	
Mailing Address 1434 South Avenue		Amount 95.00	
City Eden	State NC	Zip Code 27288	Transaction ID : 922e2b32-be3b-40ef-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014	
Mailing Address 1434 South Avenue		Amount 15.30	
City Eden	State NC	Zip Code 27288	Transaction ID : d441dc10-0d8b-47a9-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		110.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014		
Mailing Address 924 N. Prieur St			Amount 3.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 0473d174-d530-48e2-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	23.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 513 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014
Mailing Address 2357 Fancy Cap Rd		Amount 100.00
City Mt. Airy	State NC	Zip Code 27030
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 8414397e-2d05-4ea5-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC ☐ President
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014
Mailing Address 2357 Fancy Cap Rd		Amount 19.83
City Mt. Airy	State NC	Zip Code 27030
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 7ce1a11e-d281-4d17-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC ☐ President
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	119.83
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 514 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination 07 / 10 / 2014		
Mailing Address 205 Medallion Circle			Amount 70.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 4eea3efa-efb3-4ca3-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 10 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination 07 / 10 / 2014		
Mailing Address 205 Medallion Circle			Amount 27.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 3f10f7cd-0eec-4ab5-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 10 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			97.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 515 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014	
Mailing Address 202 Rue Des Cajun			Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 270837a3-2a9f-4d06-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014	
Mailing Address 202 Rue Des Cajun			Amount 31.20	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 42177bdd-600f-4f9c-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			81.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
Signature				

Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 2305 Cleary Ave		Amount 0.60	
City Metairie	State LA	Zip Code 70001	Transaction ID : 6f761bcd-5ac2-4f67-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	15.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Timothy Foley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 20679 Glenbrook Terrace		Amount 47.50	
City Sterling	State VA	Zip Code 20165	Transaction ID : 72bab42f-2184-4657-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Brian Saltzler		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 601 S College Road		Amount 50.00	
City Wilmington	State NC	Zip Code 28403	Transaction ID : feaee81d-1793-47d0-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC Disbursement For: ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	1095959.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	97.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 112 apache Dr		Amount 50.00	
City	State	Zip Code	Transaction ID : 324af467-c017-4bf8-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Search	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	56.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 110 W Pecan St		Amount 60.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 604fe913-b93d-43f9-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	65.25
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature

Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014		
Mailing Address 110 W Pecan St			Amount 35.40		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 2866455b-648f-4790-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 220 Doucet Rd		Amount 25.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : d6f8013f-5e34-4e96-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	
		☐ Primary ☒ General	

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

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) 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.

Date _____

Signature

01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 521 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014	
Mailing Address 220 Doucet Rd		Amount 1.95	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 6f994e66-bb25-405f-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 40.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : cfde0063-d515-43fe-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		41.95	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 522 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 3.90		
City Mandeville	State LA	Zip Code 70471	Transaction ID : a8e61fdc-8fbd-4846-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Melanie Slagle			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014		
Mailing Address 77 Southridge Drive			Amount 30.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 4a2090ee-a3b0-492c-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Jeanine Holmes		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 206 Wildwood Dr		Amount 20.00	
City Hammond	State LA	Zip Code 70401	Transaction ID : 47d9950c-50f6-47f3-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	27.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 524 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Jeanine Holmes		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 206 Wildwood Dr		Amount 3.00	
City Hammond	State LA	Zip Code 70401	Transaction ID : e447428b-b95d-4cb6-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gosch Ellers		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 377 Darlington Ave		Amount 40.00	
City Wilmington	State NC	Zip Code 28403	Transaction ID : 2f13de98-3991-42b9-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		43.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Saige Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address PO Box 424		Amount 35.00	
City Searcy	State AR	Zip Code 72145	Transaction ID : 7cb46777-12d7-4a70-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	50.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 526 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Saige Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address PO Box 424			Amount 5.04	
City Searcy	State AR	Zip Code 72145	Transaction ID : 5930fb9b-0029-4872-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 804 Roundabout Circle			Amount 30.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 1668a974-4773-442d-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			35.04	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 407 randall Dr		Amount 20.00	
City	State	Zip Code	Transaction ID : 39cb8b22-c676-4d0d-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	23.09
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 528 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cassidy Quartararo			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014		
Mailing Address 632 Cameron Court			Amount 75.00		
City Kenner		State LA	Zip Code 70065		Transaction ID : 753b1822-603c-4af2-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cassidy Quartararo			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014		
Mailing Address 632 Cameron Court			Amount 9.06		
City Kenner		State LA	Zip Code 70065		Transaction ID : 399b26e6-a124-4c63-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			84.06		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 1025 Cayley Ct		Amount 60.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 9f371326-bf6d-4087-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

[illegible]

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.

Date _____

Signature

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 1025 Cayley Ct		Amount 85.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 5944fbf9-3720-4c6e-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		96.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) 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.

Date _____

Signature

Three examples of 1D barcodes are shown, each with a label above it: MM01, DD30, and YYYY2015. The MM01 barcode has two 'M' labels above the first two bars. The DD30 barcode has two 'D' labels above the first two bars. The YYYY2015 barcode has four 'Y' labels above the first four bars.

Full Name of Payee Eric Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 907 Randall Drive		Amount 25.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 06f91864-428b-416f-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 532 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee James Antonetz		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014	
Mailing Address 11127 Gila Valley Dr		Amount 5.00	
City Little Rock	State AR	Zip Code 72212	Transaction ID : 113d4798-6ecc-46cb-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James Antonetz		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014	
Mailing Address 11127 Gila Valley Dr		Amount 0.60	
City Little Rock	State AR	Zip Code 72212	Transaction ID : 55b72996-90bf-402b-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		5.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 100 Asbury Ct		Amount 90.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 033b4f67-5fee-459e-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 1700 E Part Ave		Amount 35.00	
City	State	Zip Code	Transaction ID : 7c35b26a-5362-488a-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	125.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Three examples of 1D barcodes are shown, each with a label above it: MM01, DD30, and YYYY2015. The MM01 barcode has two 'M' labels above the first two bars. The DD30 barcode has two 'D' labels above the first two bars. The YYYY2015 barcode has four 'Y' labels above the first four bars.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 534 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 1700 E Part Ave		Amount 6.45	
City Searcy	State AR	Zip Code 72149	Transaction ID : 79251e13-04a6-4a7b-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Charity Zerbel		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 804 Mary Ave		Amount 42.50	
City Neosho	State MO	Zip Code 64850	Transaction ID : 6b4de76a-818f-4dee-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	48.95
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Sherri Zerbel		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 804 Mary Ave		Amount 42.50	
City Neasho	State MO	Zip Code 64850	Transaction ID : 5bc06786-a6c6-4a3f-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		55.10
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 536 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Sherri Zerbel		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 804 Mary Ave		Amount 28.80	
City Neasho	State MO	Zip Code 64850	Transaction ID : 006f980f-e60d-4c64-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Matthew Manuel		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 1392 Lee Street		Amount 40.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 15a6b8f7-14fc-4eba-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		68.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 537 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Matthew Manuel			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014		
Mailing Address 1392 Lee Street			Amount 15.90		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 815715db-7056-4111-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014		
Mailing Address 1103 West Wilson Street			Amount 50.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 03efad79-c07e-4097-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 10 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			65.90		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) 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.					
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 538 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 1103 West Wilson Street		Amount 27.90	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : f4499aed-9a1d-41c8-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amiracle R Ross		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 3411 Asher Ave		Amount 50.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 254312d7-6ce1-480c-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		77.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Amiracle R Ross		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 3411 Asher Ave		Amount 12.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 78ec4ba7-6181-4239-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Darius Beverly		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 157 Bishop Drive		Amount 45.00	
City Avondale	State LA	Zip Code 70094	Transaction ID : 00d86b3c-e68a-4045-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General	2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	57.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 540 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ms. Dinah Beverly			Date of Public Distribution/Dissemination 07 / 10 / 2014	
Mailing Address 157 Bishop Drive			Amount 45.00	
City Avondale	State LA	Zip Code 70064	Transaction ID : bcf58e8b-4d72-4724-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ms. Dinah Beverly			Date of Public Distribution/Dissemination 07 / 10 / 2014	
Mailing Address 157 Bishop Drive			Amount 5.10	
City Avondale	State LA	Zip Code 70064	Transaction ID : 3a1770ae-d8d7-490e-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			50.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 541 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Joel Greco			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 09 / 2014		
Mailing Address 318 Gaskins Lane			Amount 30.00		
City Wilmington	State NC	Zip Code 28411	Transaction ID : 8e9a92f8-b3ee-4a77-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Belinda Blake			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 11 / 2014		
Mailing Address 7214 Duchamp Dr.			Amount 10.00		
City Char	State NC	Zip Code 28215	Transaction ID : d7e0c6f9-e102-4e05-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			40.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
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FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Belinda Blake		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 7214 Duchamp Dr.		Amount 3.00	
City Char	State NC	Zip Code 28215	Transaction ID : 976a7f1a-d873-45fd-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 105 South Dale St		Amount 25.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : c4b68367-80af-4d95-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		28.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 543 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination 07 / 11 / 2014		
Mailing Address 105 South Dale St			Amount 9.60		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : dc4c0851-f37d-427d-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 11 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Mary Johnson			Date of Public Distribution/Dissemination 07 / 11 / 2014		
Mailing Address 105 South Dale St			Amount 25.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : a443297b-5ebe-47f3-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 11 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			34.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
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FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ralphie Lockhart			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014		
Mailing Address 6310 Col Glenn Rd			Amount 40.00		
City Little Rock		State AR	Zip Code 72204		Transaction ID : faee3488-927e-4a76-a
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ralphie Lockhart			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014		
Mailing Address 6310 Col Glenn Rd			Amount 6.60		
City Little Rock		State AR	Zip Code 72204		Transaction ID : 745291fd-5e06-473f-8
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 545 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 25.00		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 1be842fc-cc0e-4af3-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 3.21		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 952da63d-9415-47a6-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			28.21		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015 [Electronically Filed]		

Full Name of Payee Gabriella E Hansen			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014		
Mailing Address 310 West Meath Drive			Amount 20.00		
City Winterville	State NC	Zip Code 28590	Transaction ID : 316cbf21-d93f-47fb-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	45.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 50.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 05f6cf5c-9a12-491c-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	56.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

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FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 32.10	
City Bakersville	State NC	Zip Code 28705	Transaction ID : ccfb0e0e-6d68-40b4-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Steven Jean		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014	
Mailing Address 2012 Harrison Ave		Amount 85.00	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 685563a1-6c56-4b75-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		117.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Steven Jean			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014		
Mailing Address 2012 Harrison Ave			Amount 18.00		
City Winston Salem		State NC	Zip Code 27105		
Purpose of Expenditure Mileage		Category/Type 002		Transaction ID : aeda2511-dfde-45f6-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☐ Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 30.00		
City Charlotte		State NC	Zip Code 23215		
Purpose of Expenditure Salary		Category/Type 001		Transaction ID : b1d5a108-18f2-46a7-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☐ Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			48.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 550 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 4.80		
City Charlotte	State NC	Zip Code 23215	Transaction ID : fc0bf1dc-b4e9-40c8-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014		
Mailing Address 44 Bell Street Ext			Amount 50.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : e896e1cd-d7bd-4474-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 551 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Malinda Ledford		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014	
Mailing Address 44 Bell Street Ext		Amount 32.10	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 6795b8ec-81e3-41b5-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014	
Mailing Address 1434 South Avenue		Amount 80.00	
City Eden	State NC	Zip Code 27288	Transaction ID : d609176d-120e-4501-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		112.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Jennie Butler		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 1676 Shady Creek Rd		Amount 21.60	
City Ayden	State NC	Zip Code 28513	Transaction ID : 4f9314fb-7a88-4465-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	32.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 553 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jennie Butler		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014	
Mailing Address 1676 Shady Creek Rd		Amount 8.25	
City Ayden	State NC	Zip Code 28513	Transaction ID : db435fff-28b6-420f-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	
Disbursement For: ☐ Primary ☒ General		2014 ☐ Other (specify) ▶	
Full Name of Payee Steven Best		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014	
Mailing Address 103 Washington Ave		Amount 24.70	
City Newport	State NC	Zip Code 28570	Transaction ID : ec67a427-543e-4482-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	
Disbursement For: ☐ Primary ☒ General		2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		▶ 32.95	
(b) SUBTOTAL of Unitemized Independent Expenditures		▶	
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 554 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Steven Best			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014	
Mailing Address 103 Washington Ave			Amount 4.14	
City Newport	State NC	Zip Code 28570	Transaction ID : e3259677-0ae8-4f5b-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Theresa Burkhart			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014	
Mailing Address 3126 Chester Ct			Amount 50.00	
City Metairie	State LA	Zip Code 70006	Transaction ID : d42bbdb5-f52e-45d3-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.14	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014		
Mailing Address 12920 Kneeland Ln			Amount 40.50		
City Neosho	State MO	Zip Code 64850	Transaction ID : c5948575-38f5-46c2-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	80.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Ky Broussard		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 301 N Cedar Street		Amount 30.00	
City Abbeville	State LA	Zip Code 70510	Transaction ID : d47c00bc-093b-4c4c-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	53.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 557 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ky Broussard			Date of Public Distribution/Dissemination 07 / 11 / 2014		
Mailing Address 301 N Cedar Street			Amount 13.50		
City Abbeville	State LA	Zip Code 70510	Transaction ID : d8950614-5437-493d-8 Date of Disbursement or Obligation 07 / 11 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Morgan R Padgett			Date of Public Distribution/Dissemination 07 / 11 / 2014		
Mailing Address 2164 Kay Rd			Amount 20.00		
City Greenville	State NC	Zip Code 27858	Transaction ID : f1963e0b-0e30-42da-b Date of Disbursement or Obligation 07 / 11 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 558 OF 1704
 FOR LINE 24 OF FORM 3X

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 David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 106 Hillside St		Amount 37.50	
City Spindale	State NC	Zip Code 28160	Transaction ID : d4852bb7-f20a-4d38-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 106 Hillside St		Amount 7.80	
City Spindale	State NC	Zip Code 28160	Transaction ID : f9aa619e-a908-426e-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	45.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address Split Oak Drive		Amount 60.00	
City charlotte	State NC	Zip Code 28227	Transaction ID : 4297d07e-7bb5-4546-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 560 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014
Mailing Address Split Oak Drive		Amount 28.59
City charlotte	State NC	Zip Code 28227
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 07b2b851-6abc-4f06-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Cassidy Quartararo		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014
Mailing Address 632 Cameron Court		Amount 50.00
City Kenner	State LA	Zip Code 70065
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 147c4e10-1ae3-4a14-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	78.59
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 561 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cassidy Quartararo			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014		
Mailing Address 632 Cameron Court			Amount 8.67		
City Kenner		State LA	Zip Code 70065		Transaction ID : 98407bdf-5245-409d-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Robin L Bennett			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014		
Mailing Address 3505 Beaumont St Apt 13D			Amount 40.00		
City Neosho		State MO	Zip Code 64850		Transaction ID : eb6fcf4a-e0ba-4fb0-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			48.67		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <i>Ms. Emily Buchanan</i>			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 3007 Darden Rd		Amount 10.50	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 4a52fb0a-6f8e-4a56-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	63.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination 07 / 11 / 2014		
Mailing Address 3007 Darden Rd			Amount 52.50		
City Greensboro		State NC	Zip Code 27407		Transaction ID : a45672a0-d7f8-4c62-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 07 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Sarah Biviano			Date of Public Distribution/Dissemination 07 / 11 / 2014		
Mailing Address 603 Greenwood Dr			Amount 20.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : c1c0aa45-58bb-4a32-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 07 / 11 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 01 / 30 / 2015		

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 55.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : bfec37c9-36d0-4e72-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	58.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

01 / 30 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Peter Sahuc			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014		
Mailing Address 107 Phillip Ave			Amount 20.00		
City Lafayette	State LA	Zip Code 70503	Transaction ID : b00a0084-e51c-48c8-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	33.32
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 566 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Peter Sahuc		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014
Mailing Address 107 Phillip Ave		Amount 2.61
City Lafayette	State LA	Zip Code 70503
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : fc788535-eea4-4382-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014
Mailing Address 1700 E Part Ave		Amount 35.00
City Searcy	State AR	Zip Code 72149
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 5708d83c-afe0-4f3b-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	37.61
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

Full Name of Payee Marilyn Riley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 338 Wayne Drive		Amount 20.00	
City Shreveport	State LA	Zip Code 71105	Transaction ID : 2682a587-4dff-4f0c-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	27.74
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 568 OF 1704
FOR LINE 24 OF FORM 3X

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 Tarrin Lesaicherre			Date of Public Distribution/Dissemination / / 07 / 11 / 2014		
Mailing Address 629 Radiance Ave			Amount 70.00		
City Metairie		State LA	Zip Code 70001		Transaction ID : d646cf33-99ca-4c57-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / / 07 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Tarrin Lesaicherre			Date of Public Distribution/Dissemination / / 07 / 11 / 2014		
Mailing Address 629 Radiance Ave			Amount 5.10		
City Metairie		State LA	Zip Code 70001		Transaction ID : 04ffe7f8-310c-4dd4-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation / / 07 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 75.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date / / 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 569 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination 07 / 11 / 2014		
Mailing Address 629 Radiance Ave			Amount 70.00		
City Metairie	State LA	Zip Code 70001	Transaction ID : d6996ade-d9eb-4359-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 11 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination 07 / 11 / 2014		
Mailing Address 629 Radiance Ave			Amount 5.10		
City Metairie	State LA	Zip Code 70001	Transaction ID : c880f42e-d9c4-438e-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 11 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Ms. Emily Buchanan		[Electronically Filed]	Date 01 / 30 / 2015		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 570 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Petrina Williams			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 11 / 2014	
Mailing Address 3007 Darden Rd			Amount 60.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : ede42623-1dd1-43bd-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Petrina Williams			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 11 / 2014	
Mailing Address 3007 Darden Rd			Amount 9.30	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 3bdfa38e-2f2b-4718-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			69.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Reagan Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 502 E Center Ave		Amount 40.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : d60dfcaf-2417-486c-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 292434.22		District: 00 State: AR Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Reagan Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 502 E Center Ave		Amount 11.10	
City	State	Zip Code	Transaction ID : f46397ff-bc11-4008-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
		292434.22	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	51.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Full Name of Payee Elizabeth Hanks		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 891 W. Melmar		Amount 3.00	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : 57109e18-8929-495d-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤	33.00
(b) SUBTOTAL of Unitemized Independent Expenditures ➤	
(c) TOTAL Independent Expenditures..... ➤	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 573 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 110 W Pecan St		Amount 40.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 0664cf1c-6be8-4f75-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ House ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 110 W Pecan St		Amount 35.70	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : e7f5e015-bd05-48f7-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ House ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		75.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 574 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Jonathan Odette		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 9600 Earpsboro Chamblee Road		Amount 50.00	
City Wendell	State NC	Zip Code 27591	Transaction ID : 06c2dbf4-45fe-4ac0-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jonathan Odette		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 9600 Earpsboro Chamblee Road		Amount 9.60	
City Wendell	State NC	Zip Code 27591	Transaction ID : 196f60d6-b962-4d15-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		59.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Paul Rickert		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 710 St. Martins Lane		Amount 55.00	
City Bossier City	State LA	Zip Code 71111	Transaction ID : 4031eeb1-207c-4db5-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Paul Rickert		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 710 St. Martins Lane		Amount 17.70	
City Bossier City	State LA	Zip Code 71111	Transaction ID : 3b059f85-65c9-457c-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	72.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Full Name of Payee James Antonetz		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 11127 Gila Valley Dr		Amount 40.00	
City Little Rock	State AR	Zip Code 72212	Transaction ID : cfbfcbda-b63b-4b42-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee James Antonetz		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 11127 Gila Valley Dr		Amount 6.30	
City Little Rock	State AR	Zip Code 72212	Transaction ID : 2424f573-f4a9-4c9d-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	46.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 577 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014		
Mailing Address 915 E Market Ave			Amount 43.00		
City Searcy		State AR	Zip Code 72149		Transaction ID : 9bc13e96-9a8a-4015-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014		
Mailing Address 915 E Market Ave			Amount 3.00		
City Searcy		State AR	Zip Code 72149		Transaction ID : 4a98f128-4703-46ea-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 112 apache Dr		Amount 3.00	
City Search	State AR	Zip Code 72149	Transaction ID : 3aece78e-4b7b-4b5a-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		48.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Solveig Lysne			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014		
Mailing Address 7121 Oyster Lane			Amount 3.90		
City Wilmington	State NC	Zip Code 28411	Transaction ID : c72916a2-177d-4c64-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	29.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 580 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014		
Mailing Address 6412 Osage Dr			Amount 15.00		
City North Little rock		State AR	Zip Code 72116		Transaction ID : 3763e2a8-5b19-4302-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014		
Mailing Address 6412 Osage Dr			Amount 18.93		
City North Little rock		State AR	Zip Code 72116		Transaction ID : 9afa8323-d3ea-429f-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.93		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 581 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Cory Bryson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 216 Dogwood Ln		Amount 65.00	
City Belmont	State NC	Zip Code 28012	Transaction ID : 534a141a-4f6c-40e0-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Cory Bryson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 216 Dogwood Ln		Amount 21.00	
City Belmont	State NC	Zip Code 28012	Transaction ID : 576d48e8-85a6-429f-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	86.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 582 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee John Voholetz			Date of Public Distribution/Dissemination 07 / 11 / 2014	
Mailing Address 718 N MacMillan Avenue			Amount 52.50	
City Wilmington	State NC	Zip Code 28803	Transaction ID : 4327ca89-5840-4715-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee John Voholetz			Date of Public Distribution/Dissemination 07 / 11 / 2014	
Mailing Address 718 N MacMillan Avenue			Amount 6.00	
City Wilmington	State NC	Zip Code 28803	Transaction ID : 15f8984f-b4ed-4b3f-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			58.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 220 Doucet Rd		Amount 3.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 958cc5bf-6cc1-4daf-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 584 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014	
Mailing Address 1025 Cayley Ct		Amount 95.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 1dfb2acd-0ef0-40ce-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014	
Mailing Address 1025 Cayley Ct		Amount 20.10	
City High Point	State NC	Zip Code 27260	Transaction ID : c7a97f9d-8d27-4cbe-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		115.10	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

Full Name of Payee Lily Green		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 205 Medallion Circle		Amount 22.50	
City Shreveport	State LA	Zip Code 71119	Transaction ID : fcc9a153-db5e-4990-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	102.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 586 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014		
Mailing Address 924 N. Prieur St			Amount 75.00		
City New Orleans		State LA	Zip Code 70116		Transaction ID : 3f35102c-8afb-4ffc-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014		
Mailing Address 924 N. Prieur St			Amount 13.50		
City New Orleans		State LA	Zip Code 70116		Transaction ID : 3ee1e2d6-f291-4d77-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			88.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date MM / DD / YYYY 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Pamela Mahoney			Date of Public Distribution/Dissemination 07 / 11 / 2014		
Mailing Address 52 East St Jude			Amount 40.00		
City Hardy	State AR	Zip Code 72542	Transaction ID : dc631846-8823-482f-a Date of Disbursement or Obligation 07 / 11 / 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Pamela Mahoney			Date of Public Distribution/Dissemination 07 / 11 / 2014		
Mailing Address 52 East St Jude			Amount 1.50		
City Hardy	State AR	Zip Code 72542	Transaction ID : 1bdf623e-5bc6-4222-a Date of Disbursement or Obligation 07 / 11 / 2014		
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			41.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 588 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination 07 / 11 / 2014		
Mailing Address 9455 Snow Camp Road			Amount 65.00		
City Snowcamp		State NC	Zip Code 27349		Transaction ID : 73691b15-8945-47b9-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 07 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Matt Gleb			Date of Public Distribution/Dissemination 07 / 11 / 2014		
Mailing Address 3815 Robin Road			Amount 15.00		
City Ayden		State NC	Zip Code 28513		Transaction ID : 7eb1bed9-7191-4327-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 07 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			80.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 01 / 30 / 2015		

Full Name of Payee Kacie Gleb		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 3815 Robin Road		Amount 15.00	
City Ayden	State NC	Zip Code 28513	Transaction ID : 140602e3-82f7-434d-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	24.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 590 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 20.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 1ba1efc4-c147-4862-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 1.20	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 022889bf-fbc3-4f44-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		21.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan Signature		[Electronically Filed] Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Mattie Harris		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 3654 Tara St		Amount 5.10	
City springdale	State AR	Zip Code 72762	Transaction ID : 008389f9-aa1a-4d02-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	25.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 592 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Facebook		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 1601 Willow Road		Amount 2376.00	
City Menlo Park	State CA	Zip Code 94025	Transaction ID : cb9cec15-5c52-4c9b-a
Purpose of Expenditure Internet Advertising		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Name of Federal Candidate Mr. Mark E Udall		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought		25437.15	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Google		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 1600 Amphitheatre Parkway		Amount 2376.00	
City Mountain View	State CA	Zip Code 94043	Transaction ID : 2fc79fe3-8939-423e-9
Purpose of Expenditure Internet Advertising		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Name of Federal Candidate Mr. Mark E Udall		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought		25437.15	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4752.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 593 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Bradley K Kissinger			Date of Public Distribution/Dissemination 07 / 12 / 2014		
Mailing Address 3113 Imperial Valley Dr.			Amount 40.00		
City State Zip Code Little Rock AR 72212		Transaction ID : b7a18fce-467f-461b-9 Date of Disbursement or Obligation 07 / 12 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Bradley K Kissinger			Date of Public Distribution/Dissemination 07 / 12 / 2014		
Mailing Address 3113 Imperial Valley Dr.			Amount 6.90		
City State Zip Code Little Rock AR 72212		Transaction ID : 48b90eed-fd49-419b-9 Date of Disbursement or Obligation 07 / 12 / 2014			
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 594 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Ms. Chassidy Menard		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014	
Mailing Address 515 Walter Dr.		Amount 40.00	
City Lafayette	State LA	Zip Code 70507	Transaction ID : b5976762-0982-44d0-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ms. Chassidy Menard		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014	
Mailing Address 515 Walter Dr.		Amount 6.00	
City Lafayette	State LA	Zip Code 70507	Transaction ID : f2d8aeb4-f42d-41ee-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		46.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 595 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014		
Mailing Address Split Oak Drive			Amount 20.00		
City charlotte		State NC	Zip Code 28227		Transaction ID : efc3d03-7957-4109-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014		
Mailing Address Split Oak Drive			Amount 15.90		
City charlotte		State NC	Zip Code 28227		Transaction ID : 450a0ba8-d5f9-42a5-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			35.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 596 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Barbara A Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014		
Mailing Address 3002 Darden Rd Apt A			Amount 33.00		
City Greensboro		State NC	Zip Code 27407		Transaction ID : cebc9401-088f-44f6-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014		
Mailing Address 12920 Kneeland Ln			Amount 35.00		
City Neosho		State MO	Zip Code 64850		Transaction ID : fa1fa168-8eb5-40d4-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292434.22 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			68.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 597 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination 07 / 12 / 2014	
Mailing Address 12920 Kneeland Ln			Amount 2.40	
City Neosho	State MO	Zip Code 64850	Transaction ID : 488b4a87-08bb-4397-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 12 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination 07 / 12 / 2014	
Mailing Address 9909 Treasure Hill Rd			Amount 30.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : ab5f8b95-9291-4d2b-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 12 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			32.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 2.70	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 4b88c4b5-4d08-474b-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Petrina Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014	
Mailing Address 3007 Darden Rd		Amount 35.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : b546f586-7f2b-4810-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	37.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Petrina Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014		
Mailing Address 3007 Darden Rd			Amount 6.60		
City Greensboro	State NC	Zip Code 27407	Transaction ID : fd89729c-62a3-4c03-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Warren Gravois			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014		
Mailing Address 16005 7th St			Amount 50.00		
City Pearlington	State MS	Zip Code 39572	Transaction ID : cd2c2d68-7238-4195-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			56.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 600 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Warren Gravois			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014		
Mailing Address 16005 7th St			Amount 3.60		
City Pearlington		State MS	Zip Code 39572		Transaction ID : f4199a8c-ba4f-4de4-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Saige Anderson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014		
Mailing Address PO Box 424			Amount 45.00		
City Searcy		State AR	Zip Code 72145		Transaction ID : 62d8ea5e-da09-4dda-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			48.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 601 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Saige Anderson			Date of Public Distribution/Dissemination 07 / 12 / 2014		
Mailing Address PO Box 424			Amount 6.96		
City Searcy		State AR	Zip Code 72145		Transaction ID : 47517a48-8a8e-4ca0-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 07 / 12 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee David Ford			Date of Public Distribution/Dissemination 07 / 12 / 2014		
Mailing Address 106 Hillside St			Amount 45.00		
City Spindale		State NC	Zip Code 28160		Transaction ID : d8e6ecbd-5e07-467f-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 07 / 12 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.96		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 602 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee David Ford			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014		
Mailing Address 106 Hillside St			Amount 10.77		
City Spindale		State NC	Zip Code 28160		Transaction ID : 24e23990-043e-414f-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 50.00		
City Mandeville		State LA	Zip Code 70471		Transaction ID : c720ee08-75f5-49ee-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			60.77		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 4.80	
City Mandeville	State LA	Zip Code 70471	Transaction ID : ceb2115d-8142-4352-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014	
Mailing Address 1700 E Part Ave		Amount 36.00	
City	State	Zip Code	Transaction ID : aea1617b-397a-4655-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
		292434.22	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	40.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014	
Mailing Address 308 West Main Street		Amount 25.00	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : e7b94e88-f466-446e-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		30.40
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) 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.

Date _____

Signature

Full Name of Payee Glenda McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014	
Mailing Address 308 West Main Street		Amount 25.00	
City Plot Mountain	State NC	Zip Code 27041	Transaction ID : c5ac8a9b-b6e1-41a1-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	32.05
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 606 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 07 / 12 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 50.00		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : f8abe80a-20ba-4b23-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 12 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 07 / 12 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 13.11		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : df37b935-20ae-4c17-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 12 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.11		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Ms. Emily Buchanan		[Electronically Filed]	Date 01 / 30 / 2015		
Signature					

Full Name of Payee Jeremy Hollar		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014	
Mailing Address 121 Meadowview Drive		Amount 25.00	
City Boone	State NC	Zip Code 28607	Transaction ID : 3cbf5191-57d6-4822-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
Calendar Year-To-Date Per Election for Office Sought 1095959.94		District: <u>00</u> State: <u>NC</u> Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	75.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 608 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Jeremy Hollar		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014	
Mailing Address 121 Meadowview Drive		Amount 8.10	
City Boone	State NC	Zip Code 28607	Transaction ID : 508dc240-8317-46d3-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jessica Habakjian		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014	
Mailing Address 4193 W. Lang St		Amount 30.00	
City Farmville	State NC	Zip Code 27828	Transaction ID : 4d6f8158-6aba-489e-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		38.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Daniel Wall			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014		
Mailing Address 3692 Bell Arthur Rd			Amount 25.00		
City Greenville	State NC	Zip Code 27834	Transaction ID : 5865cda5-f79e-473e-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	30.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature

Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014	
Mailing Address 407 randall Dr		Amount 30.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : e940cb2e-e23b-4270-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	34.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<!-- Empty box -->
(c) TOTAL Independent Expenditures.....	▶	<!-- Empty box -->

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.

Date _____

Signature

Three 7-segment displays are shown, each with a different format: MM/DD/YYYY. The first display shows '01' for the month and '30' for the day. The second display shows '2015' for the year. The third display shows '01' for the month, '30' for the day, and '2015' for the year.

Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014		
Mailing Address 110 W Pecan St			Amount 60.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : b97b565c-26fe-4ea9-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014	
Mailing Address 110 W Pecan St		Amount 32.40	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : fba48a5d-5fc5-4f42-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: 2014 ☐ Other (specify) ►
		☐ Primary	☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	92.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

Full Name of Payee Peter Sahun		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014	
Mailing Address 107 Phillip Ave		Amount 40.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 14a56ce5-5b92-41fd-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Caleb Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014	
Mailing Address 1410 Bushville drive		Amount 50.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 681736c2-3375-4b16-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		52.52
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) 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.

Signature

Full Name of Payee Najib Mahmud		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014	
Mailing Address 3432 Riverrock Ct		Amount 40.00	
City Baton Rouge	State LA	Zip Code 70820	Transaction ID : fb42e532-f100-4d91-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	554635.78		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	48.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 615 OF 1704
FOR LINE 24 OF FORM 3X

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 Najib Mahmud			Date of Public Distribution/Dissemination / / 07 / 12 / 2014		
Mailing Address 3432 Riverrock Ct			Amount 3.00		
City Baton Rouge	State LA	Zip Code 70820	Transaction ID : 2938858e-c760-4aec-b Date of Disbursement or Obligation / / 07 / 12 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Amy Eddie			Date of Public Distribution/Dissemination / / 07 / 12 / 2014		
Mailing Address 5006 Lakeview Road			Amount 17.50		
City North Little Rock	State AR	Zip Code 72116	Transaction ID : 201a5171-903e-4aa8-9 Date of Disbursement or Obligation / / 07 / 12 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 20.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u>			Date / / 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 616 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Amy Eddie		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014	
Mailing Address 5006 Lakeview Road		Amount 2.10	
City North Little Rock	State AR	Zip Code 72116	Transaction ID : c44ef162-dc54-440b-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Dylan Simon		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014	
Mailing Address 111 Millrock Drive		Amount 51.17	
City Lafayette	State LA	Zip Code 70508	Transaction ID : a7ee166c-11d0-4e86-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		53.27	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 617 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Dylan Simon			Date of Public Distribution/Dissemination 07 / 12 / 2014		
Mailing Address 111 Millrock Drive			Amount 14.73		
City Lafayette		State LA	Zip Code 70508		Transaction ID : c53d1443-f263-4316-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 07 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination 07 / 12 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 60.00		
City Ville Platte		State LA	Zip Code 70586		Transaction ID : 2b60687a-af98-4427-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 07 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			74.73		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 618 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Nathaniel S Bancroft			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014		
Mailing Address 4106 Sterling Trace			Amount 10.00		
City Winterville	State NC	Zip Code 28590	Transaction ID : 62724436-8e1d-4340-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Kay Hagan ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC			
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			
Full Name of Payee Nathaniel S Bancroft			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014		
Mailing Address 4106 Sterling Trace			Amount 1.20		
City Winterville	State NC	Zip Code 28590	Transaction ID : a076bf91-0099-4b17-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Kay Hagan ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC			
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			11.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

Full Name of Payee Amy E Bancroft		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014	
Mailing Address 4106 Sterling Trace		Amount 4.35	
City Winterville	State NC	Zip Code 28590	Transaction ID : 91d84298-0b14-4d54-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 620 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014		
Mailing Address 629 Radiance Ave			Amount 60.00		
City Metairie		State LA	Zip Code 70001		Transaction ID : 308ef536-eeaa-4ef2-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014		
Mailing Address 629 Radiance Ave			Amount 5.25		
City Metairie		State LA	Zip Code 70001		Transaction ID : 69e09139-582f-41dc-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.25		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 621 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Tarrin Lesaicherre			Date of Public Distribution/Dissemination 07 / 12 / 2014		
Mailing Address 629 Radiance Ave			Amount 60.00		
City Metairie		State LA	Zip Code 70001		Transaction ID : 57e583c1-2f2e-4079-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 07 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Tarrin Lesaicherre			Date of Public Distribution/Dissemination 07 / 12 / 2014		
Mailing Address 629 Radiance Ave			Amount 5.25		
City Metairie		State LA	Zip Code 70001		Transaction ID : 5e496b40-de06-40d4-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 07 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.25		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 622 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Reagan Brackett			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014		
Mailing Address 502 E Center Ave			Amount 50.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 6bdb8391-50e4-45dd-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014		
Mailing Address 804 Roundabout Circle			Amount 40.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : bd1a060c-aae0-43f4-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 623 OF 1704
FOR LINE 24 OF FORM 3X

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 Amelia Brackett			Date of Public Distribution/Dissemination / / 07 / 12 / 2014		
Mailing Address 804 Roundabout Circle			Amount 10.50		
City Searcy	State AR	Zip Code 72143	Transaction ID : 418adb21-b363-4125-8 Date of Disbursement or Obligation / / 07 / 12 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination / / 07 / 12 / 2014		
Mailing Address 220 Doucet Rd			Amount 22.00		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 7c191379-ed8e-4835-b Date of Disbursement or Obligation / / 07 / 12 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 32.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <i>Ms. Emily Buchanan</i>			Date / / 01 / 30 / 2015		
[Electronically Filed]					

Full Name of Payee Sean B Hicks		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014	
Mailing Address 44 McDowell Drive		Amount 10.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 791b29f9-0dcb-43d8-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ 11.56
(b) SUBTOTAL of Unitemized Independent Expenditures	▶
(c) TOTAL Independent Expenditures.....	▶

Signature

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 45.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 94b20a4e-dccf-4326-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	45.84
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Signature

Full Name of Payee Eric Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014	
Mailing Address 907 Randall Drive		Amount 30.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : f57bc5c3-6ca8-4af1-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 627 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Zachary Biviano			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014		
Mailing Address 603 Greenwood Dr			Amount 20.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : e1d4522c-fd57-4e44-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292434.22 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Zachary Biviano			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014		
Mailing Address 603 Greenwood Dr			Amount 3.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 160efe20-e405-41dc-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292434.22 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			23.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 628 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014		
Mailing Address 915 E Market Ave			Amount 30.00		
City Searcy		State AR	Zip Code 72149		Transaction ID : 0d3710dc-c496-42c0-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292434.22 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014		
Mailing Address 915 E Market Ave			Amount 2.10		
City Searcy		State AR	Zip Code 72149		Transaction ID : 99df20c0-e10e-4862-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292434.22 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			32.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Cory Bryson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014	
Mailing Address 216 Dogwood Ln		Amount 25.50	
City Belmont	State NC	Zip Code 28012	Transaction ID : 901cef30-9372-4e09-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	60.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Three examples of 1D barcodes are shown, each with a label above it: MM01, DD30, and YYYY2015. The MM01 barcode has two 'M' labels above the first two bars. The DD30 barcode has two 'D' labels above the first two bars. The YYYY2015 barcode has four 'Y' labels above the first four bars.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 630 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014		
Mailing Address 6412 Osage Dr			Amount 15.00		
City North Little rock		State AR	Zip Code 72116		Transaction ID : 6cf562b0-e8eb-4dee-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014		
Mailing Address 6412 Osage Dr			Amount 2.04		
City North Little rock		State AR	Zip Code 72116		Transaction ID : 09f34cbc-4326-455b-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			17.04		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 631 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Robin L Bennett			Date of Public Distribution/Dissemination 07 / 12 / 2014		
Mailing Address 3505 Beaumont St Apt 13D			Amount 35.00		
City Neosho		State MO	Zip Code 64850		Transaction ID : 0dce07e0-de4c-4516-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 07 / 12 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Robin L Bennett			Date of Public Distribution/Dissemination 07 / 12 / 2014		
Mailing Address 3505 Beaumont St Apt 13D			Amount 37.50		
City Neosho		State MO	Zip Code 64850		Transaction ID : f91a7c8c-5833-44f9-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 07 / 12 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature _____ Ms. Emily Buchanan			Date 01 / 30 / 2015		

[Electronically Filed]

Full Name of Payee Lily Green			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014		
Mailing Address 205 Medallion Circle			Amount 29.70		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 312e22b8-9a03-4431-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought 554635.78		District: 00 State: LA Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	119.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 633 OF 1704
 FOR LINE 24 OF FORM 3X

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 Jon Linch		Date of Public Distribution/Dissemination MM / DD / YYYY 07 12 2014	
Mailing Address 6108 Harkins Ave		Amount 90.00	
City Little Rock	State AR	Zip Code 72210	Transaction ID : 6e9bc143-6b65-4448-9 Date of Disbursement or Obligation MM / DD / YYYY 07 12 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jon Linch		Date of Public Distribution/Dissemination MM / DD / YYYY 07 13 2014	
Mailing Address 6108 Harkins Ave		Amount 16.20	
City Little Rock	State AR	Zip Code 72210	Transaction ID : e4041fd3-5531-480b-9 Date of Disbursement or Obligation MM / DD / YYYY 07 12 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	106.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY

01

30

2015

Signature

Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014		
Mailing Address 1025 Cayley Ct			Amount 18.90		
City High Point	State NC	Zip Code 27260	Transaction ID : edb7c9f4-bfec-4efc-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	113.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

01 / 30 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	41.95
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Three digital display units are shown, each with a different format. The first unit shows '01' under 'MM' and '30' under 'DD'. The second unit shows '2015' under 'YYYY'.

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014	
Mailing Address 1025 Cayley Ct		Amount 95.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 65694382-7d29-47f0-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014	
Mailing Address 1025 Cayley Ct		Amount 20.40	
City High Point	State NC	Zip Code 27260	Transaction ID : 7b8f4b60-fe7c-4784-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	115.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 637 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2014	
Mailing Address 1025 Cayley Ct		Amount 50.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 12c07d06-58ee-4354-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2014	
Mailing Address 1025 Cayley Ct		Amount 11.70	
City High Point	State NC	Zip Code 27260	Transaction ID : 62feebc3-172b-49eb-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		61.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 638 OF 1704
FOR LINE 24 OF FORM 3X

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 M M / D D / Y Y Y Y Y Y					
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination 07 / 13 / 2014		
Mailing Address Split Oak Drive			Amount 30.00		
City charlotte	State NC	Zip Code 28227	Transaction ID : 9fb8be32-5ba9-4e3e-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 13 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination 07 / 13 / 2014		
Mailing Address Split Oak Drive			Amount 21.60		
City charlotte	State NC	Zip Code 28227	Transaction ID : 3d551fd9-d41b-4f09-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 13 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 13 / 2014	
Mailing Address 1025 Cayley Ct		Amount 12.60	
City High Point	State NC	Zip Code 27260	Transaction ID : 73c29049-541b-4d9a-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	72.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 13 / 2014	
Mailing Address 110 W Pecan St			Amount 27.90	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 494f71f4-e5d3-4738-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	67.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 641 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Sarah Nugent		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2014	
Mailing Address 2 White Oak Court		Amount 20.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : a0adb6d9-0b2f-416f-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sarah Nugent		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2014	
Mailing Address 2 White Oak Court		Amount 3.06	
City Searcy	State AR	Zip Code 72143	Transaction ID : ef7aaa87-9b80-4720-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		23.06	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Amelia Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 13 / 2014	
Mailing Address 804 Roundabout Circle		Amount 30.00	
City	State	Zip Code	Transaction ID : 9d295f88-b41c-463d-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 643 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2014		
Mailing Address 804 Roundabout Circle			Amount 11.70		
City Searcy		State AR	Zip Code 72143		Transaction ID : 69768464-cb7d-498c-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292434.22 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jon Lynch			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2014		
Mailing Address 6108 Harkins Ave			Amount 35.00		
City Little Rock		State AR	Zip Code 72210		Transaction ID : aeff8fac-bdae-4d92-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292434.22 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 644 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jon Linch			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2014		
Mailing Address 6108 Harkins Ave			Amount 8.10		
City Little Rock		State AR	Zip Code 72210		Transaction ID : ee6012d1-3034-495a-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2014		
Mailing Address 220 Doucet Rd			Amount 25.00		
City Lafayette		State LA	Zip Code 70503		Transaction ID : d1e4484d-13a4-4924-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Matthew Manuel		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 13 / 2014	
Mailing Address 1392 Lee Street		Amount Amount 60.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 20ad6b1a-9e2f-4dcf-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Amount 554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	61.86
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 13 / 2014	
Mailing Address 1103 West Wilson Street		Amount 75.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 438c197c-7488-4511-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	117.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Date _____

Signature

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 13 / 2014	
Mailing Address 1103 West Wilson Street		Amount 29.10	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : bebc0ba-8917-4b35-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Mr. Elizabeth Allison		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 13 / 2014	
Mailing Address 157 Bishop Drive		Amount 14.80	
City Avondale	State LA	Zip Code 70094	Transaction ID : 0adf18dc-3754-4ab1-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	43.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 648 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mr. Elizabeth Allison			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2014		
Mailing Address 157 Bishop Drive			Amount 3.90		
City Avondale		State LA	Zip Code 70094		Transaction ID : 967a24a8-a2f1-4266-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Laura Rose Porter			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2014		
Mailing Address 227 Fairgrounds Road			Amount 14.80		
City Natchitoches		State LA	Zip Code 71457		Transaction ID : fd4314cc-ae8d-46a1-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			18.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 649 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Darius Beverly			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 13 / 2014	
Mailing Address 157 Bishop Drive			Amount 50.00	
City Avondale	State LA	Zip Code 70094	Transaction ID : 0e9b0622-297a-4a4a-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ms. Dinah Beverly			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 13 / 2014	
Mailing Address 157 Bishop Drive			Amount 50.00	
City Avondale	State LA	Zip Code 70064	Transaction ID : 1d49552b-73da-4fdd-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 650 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Ms. Dinah Beverly		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 13 / 2014
Mailing Address 157 Bishop Drive		Amount 4.50
City Avondale	State LA	Zip Code 70064
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : eb5e98c0-7c9a-4683-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 13 / 2014
Mailing Address 100 Asbury Ct		Amount 60.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : bba491fc-3ba8-4e52-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	64.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Nathan Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 13 / 2014	
Mailing Address 1247 W Mt Comfort Rd		Amount MM / DD / YYYY 8.40	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : f7ac18b9-548e-481d-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		MM / DD / YYYY 292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		28.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 652 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination 07 / 14 / 2014	
Mailing Address 7214 Duchamp Dr			Amount 50.00	
City Charlotte	State NC	Zip Code 23215	Transaction ID : 1e870c5a-c16c-4545-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination 07 / 14 / 2014	
Mailing Address 7214 Duchamp Dr			Amount 4.80	
City Charlotte	State NC	Zip Code 23215	Transaction ID : 1f209128-0456-4dcb-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 105 South Dale St		Amount 14.10	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 28b13fa5-b3a0-425a-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

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

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) 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.

Date _____

Signature

Three 7-segment displays are shown, each with a different date format. The first display shows '01' with 'M' above the first segment and 'M' above the second segment. The second display shows '30' with 'D' above the first segment and 'D' above the second segment. The third display shows '2015' with 'Y' above the first segment, 'Y' above the second segment, 'Y' above the third segment, and 'Y' above the fourth segment.

Full Name of Payee Mr. Haley Brown		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 344 Natalie Drive		Amount 40.00	
City Winston-Salem	State NC	Zip Code 27030	Transaction ID : 783a99dd-895e-4c5d-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 655 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mr. Haley Brown			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014		
Mailing Address 344 Natalie Drive			Amount 9.00		
City Winston-Salem	State NC	Zip Code 27030	Transaction ID : fad2130a-ee7d-4b46-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Felice Barrett			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014		
Mailing Address 1588 Asbury			Amount 55.00		
City Springdale	State AR	Zip Code 72762	Transaction ID : 7698801e-06da-4231-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			64.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 656 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Felice Barrett		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014	
Mailing Address 1588 Asbury		Amount 16.62	
City Springdale	State AR	Zip Code 72762	Transaction ID : 2db80ed2-0a28-4a17-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014	
Mailing Address Split Oak Drive		Amount 50.00	
City charlotte	State NC	Zip Code 28227	Transaction ID : 60f11aae-5152-4cc4-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		66.62	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Caleb Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 1410 Bushville drive		Amount 25.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 5f6a993b-b6d2-4c00-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	40.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 659 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Caleb Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014
Mailing Address 1410 Bushville drive		Amount 10.50
City Lenoir	State NC	Zip Code 28645
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Ralphie Lockhart		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014
Mailing Address 6310 Col Glenn Rd		Amount 40.00
City Little Rock	State AR	Zip Code 72204
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	50.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 660 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ralphie Lockhart			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014		
Mailing Address 6310 Col Glenn Rd			Amount 4.50		
City Little Rock		State AR	Zip Code 72204		Transaction ID : cec6ea70-7cb7-4f5d-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Larry Freeman			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014		
Mailing Address 11214 Mesa drive			Amount 50.00		
City Little rock		State AR	Zip Code 72211		Transaction ID : 87f4a548-8068-441f-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292434.22 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Jennie Butler		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 1676 Shady Creek Rd		Amount 7.02	
City Ayden	State NC	Zip Code 28513	Transaction ID : 9382414d-6d62-447d-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		30.35
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 662 OF 1704
 FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Steven Jean		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 2012 Harrison Ave		Amount 70.00	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : f74ad39f-f65c-46d4-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Steven Jean		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 2012 Harrison Ave		Amount 12.00	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 80187dd6-e120-4c6d-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	82.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 663 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Allie Butler			Date of Public Distribution/Dissemination 07 / 14 / 2014	
Mailing Address 1676 Shady Creek Rd			Amount 25.00	
City Ayden	State NC	Zip Code 28513	Transaction ID : bba97b5e-8d8e-4e90-9 Date of Disbursement or Obligation 07 / 14 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee John Voholetz			Date of Public Distribution/Dissemination 07 / 14 / 2014	
Mailing Address 718 N MacMillan Avenue			Amount 47.50	
City Wilmington	State NC	Zip Code 28803	Transaction ID : 7ad77d25-0083-4f62-b Date of Disbursement or Obligation 07 / 14 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

Full Name of Payee Christopher Pollreis		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 15.5 Magnolia Circle		Amount 30.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : f19b919a-263d-4dcd-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	34.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Three examples of 1D barcodes are shown, each consisting of a header and a data field. The first barcode has the header 'MM' and the data '01'. The second has the header 'DD' and the data '30'. The third has the header 'YYYY' and the data '2015'. Each header and data field is represented by a series of vertical bars of varying heights.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 665 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Christopher Pollreis		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 15.5 Magnolia Circle		Amount 31.80	
City Searcy	State AR	Zip Code 72143	Transaction ID : 93759b2f-68cb-4862-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Peter Sahuc		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 107 Phillip Ave		Amount 30.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 14f41d2f-315b-40cc-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		61.80	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Peter Sahuc		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 107 Phillip Ave		Amount 3.09	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 31df59b4-b55f-460c-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Ms. Chassidy Menard		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 515 Walter Dr.		Amount 27.50	
City Lafayette	State LA	Zip Code 70507	Transaction ID : c5d1edb0-04d8-480d-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	30.59
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date / /

Signature

Full Name of Payee Branson Cambre		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 117 Middleburg Dr.		Amount 15.00	
City Lafayette	State LA	Zip Code 70508	Transaction ID : 50289085-58a5-46cf-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		20.10
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

Full Name of Payee Branson Cambre		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 117 Middleburg Dr.		Amount 0.78	
City Lafayette	State LA	Zip Code 70508	Transaction ID : 0848c80f-b86c-4d1f-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Steven Best		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 103 Washington Ave		Amount 23.00	
City Newport	State NC	Zip Code 28570	Transaction ID : 11770279-a01e-4101-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	23.78
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Full Name of Payee Donald Dessauer		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 1804 Auburn Ave		Amount 25.00	
City Metaire	State LA	Zip Code 70003	Transaction ID : 22804b65-c231-40e3-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	31.75
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 670 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Benjamin Hernandez		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 915 E Market Ave		Amount 43.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : bcf562c4-7499-4150-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Benjamin Hernandez		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 915 E Market Ave		Amount 31.50	
City Searcy	State AR	Zip Code 72149	Transaction ID : 49331231-69fd-446c-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		74.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 112 apache Dr		Amount 31.50	
City Search	State AR	Zip Code 72149	Transaction ID : 333f4cab-cd42-49aa-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		76.50
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) 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.

Signature

Full Name of Payee Theresa Burkhart		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 3126 Chester Ct		Amount 50.00	
City Metairie	State LA	Zip Code 70006	Transaction ID : b3172ade-afcc-47bc-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Full Name of Payee Francesca Blom		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 101 Asbury Ct		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 24dcc837-f71f-47a3-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	77.02
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Date _____

Signature

Full Name of Payee Solveig Lysne		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 7121 Oyster Lane		Amount 6.51	
City Wilmington	State NC	Zip Code 28411	Transaction ID : df02b614-becb-4172-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		39.01
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

Full Name of Payee Lily Green		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 205 Medallion Circle		Amount 20.10	
City Shreveport	State LA	Zip Code 71119	Transaction ID : a4c53ef3-64bb-4b27-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	110.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 676 OF 1704
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 110 W Pecan St		Amount 50.00
City Ville Platte	State LA	Zip Code 70586
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 1dcc8e04-d5fe-4ccb-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 07 / 14 / 2014
Mailing Address 110 W Pecan St		Amount 15.00
City Ville Platte	State LA	Zip Code 70586
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 96aba416-7cb5-4735-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	65.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M / D D / Y Y Y Y
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 677 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014
Mailing Address 202 Rue Des Cajun		Amount 35.00
City Ville Platte	State LA	Zip Code 70586
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 56cb12c2-4876-4c2c-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014
Mailing Address 202 Rue Des Cajun		Amount 13.20
City Ville Platte	State LA	Zip Code 70586
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 5f99f262-9744-4fc0-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	48.20
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

Full Name of Payee Mr. Alex Peyton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 859 Hicks Rd		Amount 24.00	
City Washington	State LA	Zip Code 70589	Transaction ID : 3f3ede85-4706-42d7-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	84.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 679 OF 1704
 FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY / / MM / DD / YYYY / / MM / DD / YYYY / /					
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014		
Mailing Address 1434 South Avenue			Amount 82.50		
City Eden		State NC	Zip Code 27288		Transaction ID : 652f2e41-8d59-4c3d-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶		
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014		
Mailing Address 1434 South Avenue			Amount 7.20		
City Eden		State NC	Zip Code 27288		Transaction ID : 62544651-1793-454e-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			89.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 680 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Carmen Maddrey		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014
Mailing Address 2043 Nottingham Ln		Amount 25.00
City Burlington	State NC	Zip Code 27215
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 9d11ed5c-ead0-497e-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Carmen Maddrey		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014
Mailing Address 2043 Nottingham Ln		Amount 2.10
City Burlington	State NC	Zip Code 27215
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 9e9ae036-1d55-4081-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	27.10
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

Full Name of Payee Brian Saltzler		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 601 S College Road		Amount 60.00	
City Wilmington	State NC	Zip Code 28403	Transaction ID : e60f6683-9b5e-46c3-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014	☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Brian Saltzler		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 601 S College Road		Amount 6.00	
City Wilmington	State NC	Zip Code 28403	Transaction ID : 24e8bbc6-59a8-49df-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date / /

Signature

Full Name of Payee Elizabeth Hanks		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 891 W. Melmar		Amount 1.50	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : 260900b1-6ae7-4c13-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	31.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 683 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cassidy Quartararo			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014		
Mailing Address 632 Cameron Court			Amount 50.00		
City Kenner		State LA	Zip Code 70065		Transaction ID : 75979806-8a77-43a8-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Taylor N Randall			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014		
Mailing Address 2002 E Park Ave Apt 40			Amount 30.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : afbd803a-4829-48f3-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292434.22 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			80.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 1025 Cayley Ct		Amount 85.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 1ae51d11-0f2f-46a4-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014	☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	87.34
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Three examples of 1D barcodes are shown, each with a label above it: MM01, DD30, and YYYY2015. The MM01 barcode has two 'M' labels above the first two bars. The DD30 barcode has two 'D' labels above the first two bars. The YYYY2015 barcode has four 'Y' labels above the first four bars.

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 1025 Cayley Ct		Amount 80.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 92c182a6-31da-4711-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	1095959.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	101.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Jessica Habakjian		Date of Public Distribution/Dissemination 07 14 2014	
Mailing Address 4193 W. Lang St		Amount 25.00	
City Farmville	State NC	Zip Code 27828	Transaction ID : 06c20209-c3f3-4d62-8 Date of Disbursement or Obligation 07 14 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Three 7-segment displays are shown, each with a different format: MM/DD/YYYY. The first display shows '01' for the month and '30' for the day. The second display shows '2015' for the year. The third display shows '01' for the month, '30' for the day, and '2015' for the year.

Full Name of Payee Jessica Habakjian		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 4193 W. Lang St		Amount 7.50	
City Farmville	State NC	Zip Code 27828	Transaction ID : e6a3326c-e2e9-4ec4-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Charity Zerbel		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 804 Mary Ave		Amount 35.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : d715d832-e449-4360-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	42.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 688 OF 1704
FOR LINE 24 OF FORM 3X

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 Charity Zerbel			Date of Public Distribution/Dissemination / / 07 / 14 / 2014		
Mailing Address 804 Mary Ave			Amount 0.60		
City Neosho		State MO	Zip Code 64850		Transaction ID : c228c0d8-341d-4bfb-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation / / 07 / 14 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination / / 07 / 14 / 2014		
Mailing Address 308 West Main Street			Amount 95.00		
City Pilot Mountain		State NC	Zip Code 27041		Transaction ID : 7cf85bf1-879a-4e1e-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / / 07 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			95.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date / / 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 689 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014
Mailing Address 308 West Main Street		Amount 19.14
City Pilot Mountain	State NC	Zip Code 27041
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 9e8c7274-4e79-4fe1-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Glenda McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014
Mailing Address 308 West Main Street		Amount 95.00
City Plot Mountain	State NC	Zip Code 27041
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 59a7bcf1-43f9-488f-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	114.14
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Anna Harris		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 3654 Tara St		Amount 5.40	
City Springdale	State AR	Zip Code 72762	Transaction ID : 3dd71a96-2957-448d-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	35.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature

Full Name of Payee Donna Barrette		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 724 Harris Avenue		Amount 0.60	
City Harahan	State LA	Zip Code 70123	Transaction ID : 21eefedc-cbc4-4981-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	70.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Mattie Harris		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 3654 Tara St		Amount 5.40	
City springdale	State AR	Zip Code 72762	Transaction ID : 34836492-fa1e-4be2-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	35.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 693 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Sean B Hicks		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014	
Mailing Address 44 McDowell Drive		Amount 40.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : a378bbb0-af8b-429d-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sean B Hicks		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014	
Mailing Address 44 McDowell Drive		Amount 21.60	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 94c63aaf-374f-4270-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		61.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Matthew Manuel		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 1392 Lee Street		Amount 13.80	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : ca15f172-b3fd-4e51-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	43.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Three examples of 1D barcodes are shown, each with a label above it: MM01, DD30, and YYYY2015. The MM01 barcode has two 'M' labels above the first two bars. The DD30 barcode has two 'D' labels above the first two bars. The YYYY2015 barcode has four 'Y' labels above the first four bars.

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 695 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014	
Mailing Address 220 Doucet Rd		Amount 20.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : a0490e4b-a86d-450c-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014	
Mailing Address 220 Doucet Rd		Amount 1.35	
City Lafayette	State LA	Zip Code 70503	Transaction ID : fce12968-de5c-47c4-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		21.35	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 696 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014		
Mailing Address 6412 Osage Dr			Amount 27.50		
City North Little rock		State AR	Zip Code 72116		Transaction ID : 99315c5a-c73f-4dd9-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014		
Mailing Address 6412 Osage Dr			Amount 3.06		
City North Little rock		State AR	Zip Code 72116		Transaction ID : e28c4821-0e3b-45e9-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			30.56		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 697 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Amelia Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014
Mailing Address 804 Roundabout Circle		Amount 40.00
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House ☒ Senate ☐ President ☐ District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Amelia Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014
Mailing Address 804 Roundabout Circle		Amount 48.60
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House ☒ Senate ☐ President ☐ District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	88.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 698 OF 1704
FOR LINE 24 OF FORM 3X

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			MM / DD / YYYY	
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014		
Mailing Address 1103 West Wilson Street		Amount 50.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 278c67a7-df5f-4da2-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014		
Mailing Address 1103 West Wilson Street		Amount 29.70		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 6835a98c-baa3-47e6-8	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		79.70		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Paul Rickert		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 710 St. Martins Lane		Amount 5.10	
City Bossier City	State LA	Zip Code 71111	Transaction ID : e9778612-8f2a-4e31-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 700 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014		
Mailing Address 9455 Snow Camp Road			Amount 110.00		
City Snowcamp		State NC	Zip Code 27349		Transaction ID : b3acaec8-91d6-4a2f-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Cory Bryson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014		
Mailing Address 216 Dogwood Ln			Amount 110.00		
City Belmont		State NC	Zip Code 28012		Transaction ID : 7c14ad02-fab6-4dc6-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					220.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		

Full Name of Payee Sharon Lloyd			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014		
Mailing Address 4301 Lankford			Amount 55.00		
City Springdale	State AR	Zip Code 72762	Transaction ID : 9b047c89-80d2-42c7-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	85.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Sharon Lloyd			Date of Public Distribution/Dissemination 07 / 14 / 2014		
Mailing Address 4301 Lankford			Amount 2.49		
City Springdale		State AR	Zip Code 72762		Transaction ID : c0d5cd37-d10d-4e0c-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 07 / 14 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 07 / 14 / 2014		
Mailing Address 3007 Darden Rd			Amount 57.50		
City Greensboro		State NC	Zip Code 27407		Transaction ID : b2c0146f-aa00-4591-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 07 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			59.99		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 703 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 14 / 2014	
Mailing Address 3007 Darden Rd			Amount 15.30	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 57a9f976-77bf-46f0-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 14 / 2014	
Mailing Address 3007 Darden Rd			Amount 57.50	
City Greensboro	State NC	Zip Code 27407	Transaction ID : f9c3a779-5896-49d1-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M / D D / Y Y Y Y Y Y 01 / 30 / 2015	
Signature				

Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 100 Asbury Ct		Amount 15.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : f17c35c9-5703-41f3-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Darius Beverly		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 157 Bishop Drive		Amount 40.00	
City Avondale	State LA	Zip Code 70094	Transaction ID : 74d9ae30-b6a6-45e8-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	55.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 705 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ms. Dinah Beverly			Date of Public Distribution/Dissemination 07 / 14 / 2014	
Mailing Address 157 Bishop Drive			Amount 40.00	
City Avondale	State LA	Zip Code 70064	Transaction ID : b7ac7308-09d1-45ab-8 Date of Disbursement or Obligation 07 / 14 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ms. Dinah Beverly			Date of Public Distribution/Dissemination 07 / 14 / 2014	
Mailing Address 157 Bishop Drive			Amount 4.80	
City Avondale	State LA	Zip Code 70064	Transaction ID : c7388861-d42a-4e8b-8 Date of Disbursement or Obligation 07 / 14 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			44.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 706 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount 30.00		
City Little Rock		State AR	Zip Code 72205		Transaction ID : a1ad8ca3-2399-403f-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292434.22 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount 5.40		
City Little Rock		State AR	Zip Code 72205		Transaction ID : f593c1fc-0376-4dac-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292434.22 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			35.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee James Tatro		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 1208 Braeburn Rd		Amount 2.70	
City Charlotte	State NC	Zip Code 28211	Transaction ID : 9e19807a-2d6b-4862-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	52.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 708 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014	
Mailing Address 12920 Kneeland Ln			Amount 35.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : 8e836914-22f0-4058-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014	
Mailing Address 12920 Kneeland Ln			Amount 43.80	
City Neosho	State MO	Zip Code 64850	Transaction ID : 751783ea-1831-49c8-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			78.80	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
Signature				

Full Name of Payee Caleb Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 1410 Bushville drive		Amount 10.50	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 839dad2a-5b8b-45e1-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 Lorri Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 7214 Duchamp Dr		Amount 20.00	
City Charlotte	State NC	Zip Code 23215	Transaction ID : 4c0d9e1e-f808-4dbd-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 7214 Duchamp Dr		Amount 1.20	
City Charlotte	State NC	Zip Code 23215	Transaction ID : eaac1099-be08-4eb5-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	21.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 711 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Luke T Waltermire			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014		
Mailing Address 107 S Grist Mill Rd			Amount 30.00		
City Hampstead	State NC	Zip Code 28443	Transaction ID : b686d49d-3411-4596-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Luke T Waltermire			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014		
Mailing Address 107 S Grist Mill Rd			Amount 10.50		
City Hampstead	State NC	Zip Code 28443	Transaction ID : b3920450-eba5-4a26-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			40.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 712 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Mary Johnson			Date of Public Distribution/Dissemination 07 / 15 / 2014	
Mailing Address 105 South Dale St			Amount 75.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 8271590f-18cd-46b3-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mary Johnson			Date of Public Distribution/Dissemination 07 / 15 / 2014	
Mailing Address 105 South Dale St			Amount 75.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 69ca67ce-2a64-403b-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			150.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 713 OF 1704
FOR LINE 24 OF FORM 3X

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 M M / D D / Y Y Y Y				
Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination 07 / 15 / 2014	
Mailing Address 105 South Dale St			Amount 75.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 8855141a-396c-48e7-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination 07 / 15 / 2014	
Mailing Address 105 South Dale St			Amount 20.10	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : d6639619-6929-4aee-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			95.10	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 714 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Mr. Haley Brown			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 344 Natalie Drive			Amount 40.00	
City Winston-Salem	State NC	Zip Code 27030	Transaction ID : b8e3fdcd-ff27-4b37-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mr. Haley Brown			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 344 Natalie Drive			Amount 8.40	
City Winston-Salem	State NC	Zip Code 27030	Transaction ID : 08dee815-cac5-498d-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			48.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 3300 Asher Ave		Amount 6.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 49126cc2-b453-46ec-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	16.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 717 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 30.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 66033940-51ef-4353-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 11.10	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 0bf593b1-745f-43e1-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		41.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 718 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Karl L Starns			Date of Public Distribution/Dissemination 07 / 15 / 2014		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 30.00		
City Monroe		State LA	Zip Code 71212		Transaction ID : c7ca6afc-d056-42af-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 07 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Karl L Starns			Date of Public Distribution/Dissemination 07 / 15 / 2014		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 3.60		
City Monroe		State LA	Zip Code 71212		Transaction ID : 702c0bce-ecfb-44f2-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 07 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 719 OF 1704
 FOR LINE 24 OF FORM 3X

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 Malinda Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 44 Bell Street Ext		Amount 30.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 86e4b158-4a67-4d8e-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Malinda Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 44 Bell Street Ext		Amount 11.10	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 0ae42d70-c901-437c-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	41.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 720 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Steven Jean		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014
Mailing Address 2012 Harrison Ave		Amount 70.00
City Winston Salem	State NC	Zip Code 27105
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 9d566fd8-05d0-48e5-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Steven Jean		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014
Mailing Address 2012 Harrison Ave		Amount 15.00
City Winston Salem	State NC	Zip Code 27105
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 9acc54c7-6b20-4192-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	85.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 721 OF 1704
 FOR LINE 24 OF FORM 3X

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 Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 07 15 2014	
Mailing Address 1434 South Avenue		Amount 85.00	
City Eden	State NC	Zip Code 27288	Transaction ID : dec6d2e9-d720-4f9f-8 Date of Disbursement or Obligation MM / DD / YYYY 07 15 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 07 15 2014	
Mailing Address 1434 South Avenue		Amount 12.90	
City Eden	State NC	Zip Code 27288	Transaction ID : 9611e99d-10e5-4c88-9 Date of Disbursement or Obligation MM / DD / YYYY 07 15 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	97.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY

01

30

2015

Signature

Full Name of Payee Julie Clifton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 712 St. Martin Lane		Amount 4.32	
City Bossier City	State LA	Zip Code 71111	Transaction ID : aa163d78-c8b9-4c25-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	27.32
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 723 OF 1704
FOR LINE 24 OF FORM 3X

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 M M / D D / Y Y Y Y Y Y				
Full Name of Payee David Ford			Date of Public Distribution/Dissemination 07 / 15 / 2014	
Mailing Address 106 Hillside St			Amount 52.50	
City Spindale	State NC	Zip Code 28160	Transaction ID : 17dfb4a0-6c23-471d-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee David Ford			Date of Public Distribution/Dissemination 07 / 15 / 2014	
Mailing Address 106 Hillside St			Amount 8.46	
City Spindale	State NC	Zip Code 28160	Transaction ID : c0fe6a3b-68e2-4e84-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			60.96	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 724 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Ralphie Lockhart			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 6310 Col Glenn Rd			Amount 25.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : a686bba9-9a78-4dca-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ralphie Lockhart			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 6310 Col Glenn Rd			Amount 2.40	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 97d68e71-0b4b-4a16-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			27.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015	
Signature				

Full Name of Payee Myeisha M Ross		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 3411 Asher Ave		Amount \$ 50.00	
City Little Rock	State AR	Zip Code 72209	Transaction ID : c7ce3b04-0683-49c9-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Larry Freeman		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 11214 Mesa drive		Amount 25.00	
City Little rock	State AR	Zip Code 72211	Transaction ID : 59e91aaa-8085-4c8c-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	75.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 726 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Damian B Robinson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014	
Mailing Address 701 Green Mountain Dr Apt 1312		Amount 25.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : 9535c95b-3231-42b3-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Damian B Robinson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014	
Mailing Address 701 Green Mountain Dr Apt 1312		Amount 11.10	
City Little Rock	State AR	Zip Code 72211	Transaction ID : 405afc87-1c23-4d1a-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		36.10	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 727 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Carmen Maddrey			Date of Public Distribution/Dissemination 07 / 15 / 2014	
Mailing Address 2043 Nottingham Ln			Amount 40.00	
City Burlington	State NC	Zip Code 27215	Transaction ID : 3fce6315-0440-471d-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carmen Maddrey			Date of Public Distribution/Dissemination 07 / 15 / 2014	
Mailing Address 2043 Nottingham Ln			Amount 2.70	
City Burlington	State NC	Zip Code 27215	Transaction ID : ec07ca11-b09c-4339-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

Full Name of Payee JoAnn Burks		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 10 Castle Hill Ct		Amount 3.30	
City Little Rock	State AR	Zip Code 72227	Transaction ID : d8a18c71-4601-4d84-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22 Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	23.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 729 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Gosch Ellers			Date of Public Distribution/Dissemination 07 / 15 / 2014	
Mailing Address 377 Darlington Ave			Amount 60.00	
City Wilmington	State NC	Zip Code 28403	Transaction ID : 473534c2-44a3-40db-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gosch Ellers			Date of Public Distribution/Dissemination 07 / 15 / 2014	
Mailing Address 377 Darlington Ave			Amount 33.90	
City Wilmington	State NC	Zip Code 28403	Transaction ID : 97ea9436-60bc-45c2-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			93.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

Full Name of Payee Tammay Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 924 N. Prieur St		Amount 65.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 8653a4f2-8a82-4890-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	145.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

Full Name of Payee Tammay Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 924 N. Prieur St		Amount 10.50	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 548f79be-e5dd-4534-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 924 N. Prieur St		Amount 65.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : ae746c1f-173b-4e4d-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	75.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

Full Name of Payee Peter Sahuc		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 107 Phillip Ave		Amount 30.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 22ac6dbf-1ce7-4f76-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	40.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 733 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Peter Sahuc		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 107 Phillip Ave		Amount 3.06	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 13a57395-585d-494a-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Donald Dessauer		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 1804 Auburn Ave		Amount 20.00	
City Metaire	State LA	Zip Code 70003	Transaction ID : 774d1ae9-0439-4348-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		23.06	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 300 Evangeline St		Amount 60.00	
City Monroe	State LA	Zip Code 71201	Transaction ID : 95480aff-ab33-4657-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	60.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<!-- Empty box -->
(c) TOTAL Independent Expenditures.....	▶	<!-- Empty box -->

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 300 Evangeline St		Amount \$ 6.00	
City Monroe	State LA	Zip Code 71201	Transaction ID : b34fc1df-6281-428a-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Felice Barrett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 1588 Asbury		Amount 45.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : 242e7d2f-2186-4357-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	51.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 736 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Felice Barrett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 1588 Asbury		Amount 3.60	
City Springdale	State AR	Zip Code 72762	Transaction ID : 1941b301-01ad-4d81-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sharon Lloyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 4301 Lankford		Amount 45.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : 1a9e0225-f43f-44da-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		48.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 737 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Sharon Lloyd			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014		
Mailing Address 4301 Lankford			Amount 9.69		
City Springdale		State AR	Zip Code 72762		Transaction ID : 0546931c-ed34-4645-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Elizabeth M Woodard			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014		
Mailing Address 982 W Eagle St Apt 8			Amount 30.00		
City Fayetteville		State AR	Zip Code 72701		Transaction ID : f1d41cb4-ca13-4cb6-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			39.69		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 738 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Elizabeth M Woodard			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014		
Mailing Address 982 W Eagle St Apt 8			Amount 13.20		
City Fayetteville		State AR	Zip Code 72701		Transaction ID : c380f501-850c-43c4-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014		
Mailing Address 308 West Main Street			Amount 62.50		
City Pilot Mountain		State NC	Zip Code 27041		Transaction ID : 3f16d889-ff1d-4998-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 739 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination 07 / 15 / 2014	
Mailing Address 308 West Main Street		Amount 11.76	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 1ea4641b-526d-4930-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation 07 / 15 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Andrew G Gray		Date of Public Distribution/Dissemination 07 / 15 / 2014	
Mailing Address 982 W Eagle St Apt 8		Amount 30.00	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : cfe398aa-099f-4e1c-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 07 / 15 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		41.76	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 740 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Andrew G Gray		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014	
Mailing Address 982 W Eagle St Apt 8		Amount 30.00	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : 716c2ace-10c8-4138-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Glenda McKinney		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014	
Mailing Address 308 West Main Street		Amount 62.50	
City Plot Mountain	State NC	Zip Code 27041	Transaction ID : 5578af1e-b778-4322-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		92.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

Full Name of Payee Anna Harris		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 3654 Tara St		Amount 3.90	
City Springdale	State AR	Zip Code 72762	Transaction ID : 752b211f-9663-4dfb-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	28.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

Full Name of Payee Jonathan Odette			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014		
Mailing Address 9600 Earsboro Chamblee Road			Amount 28.80		
City	State	Zip Code	Transaction ID : a17e8f5e-82d5-4163-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014		
Wendell	NC	27591			
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate			Office Sought:		
Ms. Kay Hagan			☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General		
1095959.94			☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	93.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 743 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination 07 / 15 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 80.00		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : df849268-a29a-496f-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 15 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination 07 / 15 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 10.44		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 2fb8a8d6-1e3e-40ba-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 15 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.44		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 744 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Solveig Lysne			Date of Public Distribution/Dissemination 07 / 15 / 2014	
Mailing Address 7121 Oyster Lane			Amount 35.30	
City Wilmington	State NC	Zip Code 28411	Transaction ID : 9f101979-33d4-4cb6-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Solveig Lysne			Date of Public Distribution/Dissemination 07 / 15 / 2014	
Mailing Address 7121 Oyster Lane			Amount 11.16	
City Wilmington	State NC	Zip Code 28411	Transaction ID : fc0c4f13-6b1c-4611-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.46	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 745 OF 1704
 FOR LINE 24 OF FORM 3X

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 Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 32.50	
City Little Rock	State AR	Zip Code 72205	Transaction ID : eeb9a149-b32e-43dc-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 4.50	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 52e5051f-7d88-4484-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	37.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Lily Green		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 205 Medallion Circle		Amount 19.50	
City Shreveport	State LA	Zip Code 71119	Transaction ID : f579a0b8-587e-4786-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	59.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Date _____

Signature

Three examples of 1D barcodes are shown, each with a label above it: MM01, DD30, and YYYY2015. The MM01 barcode has two 'M' labels above the first two bars. The DD30 barcode has two 'D' labels above the first two bars. The YYYY2015 barcode has four 'Y' labels above the first four bars.

Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 35.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 0707e162-da6a-4caa-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Brian Saltzler		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 601 S College Road		Amount 20.00	
City Wilmington	State NC	Zip Code 28403	Transaction ID : 1a18fb3d-21c1-4226-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	31.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 749 OF 1704
FOR LINE 24 OF FORM 3X

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			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Brian Saltzler		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014		
Mailing Address 601 S College Road		Amount 2.10		
City Wilmington	State NC	Zip Code 28403	Transaction ID : dcebf594-1def-42f6-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014		
Mailing Address 1103 West Wilson Street		Amount 40.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : dede580f-4597-4eb2-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		42.10		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 750 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014	
Mailing Address 1103 West Wilson Street		Amount 16.50	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 20bbcf41-5f91-483a-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014	
Mailing Address 2305 Cleary Ave		Amount 10.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : fd158d2f-25f6-4110-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		26.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lesley Lennox			Date of Public Distribution/Dissemination 07 / 15 / 2014		
Mailing Address 2305 Cleary Ave			Amount 0.30		
City Metairie	State LA	Zip Code 70001	Transaction ID : 0198f885-0d8e-4953-b Date of Disbursement or Obligation 07 / 15 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination 07 / 15 / 2014		
Mailing Address 3654 Tara St			Amount 90.00		
City springdale	State AR	Zip Code 72762	Transaction ID : 6548da87-0c13-4a11-a Date of Disbursement or Obligation 07 / 15 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Timothy Foley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 20679 Glenbrook Terrace		Amount 45.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : 05e523ea-9f3d-46cd-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	70.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Gloria A Krieger		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 1392 Lee Street		Amount 0.15	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : f990b1f0-edec-4104-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	10.15
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Elizabeth Hanks		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 891 W. Melmar		Amount 3.60	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : 3a52c07d-2765-4007-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: AR ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	292434.22		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	28.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 755 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Melanie Slagle		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014
Mailing Address 77 Southridge Drive		Amount 20.00
City Spruce Pine	State NC	Zip Code 28777
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 0764fa75-44de-4e8e-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Melanie Slagle		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014
Mailing Address 77 Southridge Drive		Amount 4.80
City Spruce Pine	State NC	Zip Code 28777
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 01147cee-586b-4603-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	24.80
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

Full Name of Payee Darion Howard		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 407 Bernal St		Amount 65.00	
City Edinburg	State TX	Zip Code 78539	Transaction ID : 9c1bdf28-3448-4579-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 25.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 8814912f-1cbb-48bd-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	50.05
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 758 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 3.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : f0347aa8-29e0-4ebe-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 1025 Cayley Ct		Amount 85.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 13b1bb5f-1bcd-4edb-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		88.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Benjamin Hernandez		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 915 E Market Ave		Amount 63.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 8c77e661-0f0e-4b59-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		79.80
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) 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.

Date _____

Signature

Three 7-segment displays are shown, each with a different format: MM/DD/YYYY. The first display shows '01' for the month and '30' for the day. The second display shows '2015' for the year. The third display shows '01' for the month, '30' for the day, and '2015' for the year.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 760 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014		
Mailing Address 915 E Market Ave			Amount 24.90		
City Searcy		State AR	Zip Code 72149		Transaction ID : 5fdf2fa1-e378-45c2-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292434.22 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014		
Mailing Address 1025 Cayley Ct			Amount 85.00		
City High Point		State NC	Zip Code 27260		Transaction ID : 0930bd2d-1410-4fce-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			109.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Andrea L Hammond		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 12920 Kneeland Ln		Amount 35.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : d0934488-b7f8-4410-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		53.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 99e9c7f5-ee18-4ad4-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	113.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

01 / 30 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 763 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 15 / 2014	
Mailing Address 110 W Pecan St			Amount 40.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 3bf589c1-769c-490d-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 15 / 2014	
Mailing Address 110 W Pecan St			Amount 27.60	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : b800fc81-5d4c-47d1-8	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			67.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 764 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Alexa S Dudley			Date of Public Distribution/Dissemination 07 / 15 / 2014		
Mailing Address 4367 Splitlog Rd			Amount 50.00		
City Goodman	State MO	Zip Code 64843	Transaction ID : 0c06369b-0839-4c68-b Date of Disbursement or Obligation 07 / 15 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Alexa S Dudley			Date of Public Distribution/Dissemination 07 / 15 / 2014		
Mailing Address 4367 Splitlog Rd			Amount 24.30		
City Goodman	State MO	Zip Code 64843	Transaction ID : b5fdead3-72a2-4546-9 Date of Disbursement or Obligation 07 / 15 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			74.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 765 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Najib Mahmud			Date of Public Distribution/Dissemination 07 / 15 / 2014		
Mailing Address 3432 Riverrock Ct			Amount 30.00		
City Baton Rouge	State LA	Zip Code 70820	Transaction ID : dbcad354-96bf-455b-b Date of Disbursement or Obligation 07 / 15 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Najib Mahmud			Date of Public Distribution/Dissemination 07 / 15 / 2014		
Mailing Address 3432 Riverrock Ct			Amount 2.10		
City Baton Rouge	State LA	Zip Code 70820	Transaction ID : fb9985a6-fa9b-48cb-9 Date of Disbursement or Obligation 07 / 15 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			32.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 766 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014
Mailing Address 220 Doucet Rd		Amount 27.00
City Lafayette	State LA	Zip Code 70503
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : b4dfa005-1a1f-4a8c-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014
Mailing Address 220 Doucet Rd		Amount 1.92
City Lafayette	State LA	Zip Code 70503
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : e668581a-86a5-42e9-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	28.92
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

Full Name of Payee Christopher Pollreis		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 15.5 Magnolia Circle		Amount 68.40	
City Searcy	State AR	Zip Code 72143	Transaction ID : a9022c4c-a68f-40cd-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		138.40
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 6412 Osage Dr		Amount 60.00	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 89318982-9463-44cc-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 6412 Osage Dr		Amount 10.77	
City North Little rock	State AR	Zip Code 72116	Transaction ID : b5d04289-30b6-4fb1-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	70.77
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 769 OF 1704
 FOR LINE 24 OF FORM 3X

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 Jeffrey Hampton			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014		
Mailing Address 1700 E Part Ave			Amount 60.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 123cdafe-db7a-46e8-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Mr. Mark L Pryor		
Calendar Year-To-Date Per Election for Office Sought 292434.22		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			

Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014		
Mailing Address 407 randall Dr			Amount 70.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 868d409d-ae09-42e2-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Mr. Mark L Pryor		
Calendar Year-To-Date Per Election for Office Sought 292434.22		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 112 apache Dr		Amount 25.05	
City Search	State AR	Zip Code 72149	Transaction ID : b3614e88-69ef-4ef0-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.05
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Reagan Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 502 E Center Ave		Amount 50.00	
City	State	Zip Code	Transaction ID : bf8d162f-c0b6-4aff-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		120.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 772 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Reagan Brackett			Date of Public Distribution/Dissemination 07 / 15 / 2014		
Mailing Address 502 E Center Ave			Amount 69.30		
City Searcy		State AR	Zip Code 72143		Transaction ID : bc3db9fd-2bb0-4ac9-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 07 / 15 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Charity Zerbel			Date of Public Distribution/Dissemination 07 / 15 / 2014		
Mailing Address 804 Mary Ave			Amount 90.00		
City Neosho		State MO	Zip Code 64850		Transaction ID : cf959fdc-c394-47c6-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 07 / 15 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			159.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 773 OF 1704
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Charity Zerbel			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 15 / 2014	
Mailing Address 804 Mary Ave			Amount 3.90	
City Neosho	State MO	Zip Code 64850	Transaction ID : 7500c5d2-d810-44f3-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		

Full Name of Payee James Antonetz			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014	
Mailing Address 11127 Gila Valley Dr			Amount 25.00	
City Little Rock	State AR	Zip Code 72212	Transaction ID : cf85482c-9b0f-4d7e-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	28.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 775 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cassidy Quartararo			Date of Public Distribution/Dissemination 07 / 15 / 2014		
Mailing Address 632 Cameron Court			Amount 8.19		
City Kenner	State LA	Zip Code 70065	Transaction ID : 46b418c2-3ceb-4ff2-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 15 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Taylor N Randall			Date of Public Distribution/Dissemination 07 / 15 / 2014		
Mailing Address 2002 E Park Ave Apt 40			Amount 45.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 5744f282-808c-4ca3-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 15 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.19		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Taylor N Randall			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014		
Mailing Address 2002 E Park Ave Apt 40			Amount 3.21		
City	State	Zip Code	Transaction ID : c6c4489b-50a3-4b5e-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014		
Searcy	AR	72143			
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Cory Bryson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 216 Dogwood Ln		Amount 90.00	
City Belmont	State NC	Zip Code 28012	Transaction ID : e565d885-1377-4f17-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	93.21
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 777 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Cory Bryson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 216 Dogwood Ln		Amount 25.80	
City Belmont	State NC	Zip Code 28012	Transaction ID : e1a5c133-899a-41c4-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Earl Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 9455 Snow Camp Road		Amount 90.00	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : 689e44b1-a11b-4708-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		115.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Ms. Dinah Beverly		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 157 Bishop Drive		Amount 45.00	
City Avondale	State LA	Zip Code 70064	Transaction ID : a14c1fb0-d622-44c7-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 779 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ms. Dinah Beverly			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014		
Mailing Address 157 Bishop Drive			Amount 4.80		
City Avondale		State LA	Zip Code 70064		Transaction ID : 079114fd-f9b1-4143-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014		
Mailing Address 2565 Shire Circle			Amount 32.50		
City Harrisonburg		State VA	Zip Code 22801		Transaction ID : 8beb467c-9163-4256-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 780 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 80.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 6c31316b-ee1b-4121-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 11.34	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 438e6c2c-6b07-4c4a-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		91.34	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination 07 / 14 / 2014		
Mailing Address 407 randall Dr			Amount 30.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : d8539f52-2a30-4f8a-9 Date of Disbursement or Obligation 07 / 14 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Bradley K Kissinger			Date of Public Distribution/Dissemination 07 / 16 / 2014		
Mailing Address 3113 Imperial Valley Dr.			Amount 50.00		
City Little Rock	State AR	Zip Code 72212	Transaction ID : 8dfd4a42-9e22-4186-b Date of Disbursement or Obligation 07 / 16 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			80.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 01 / 30 / 2015		

Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 7214 Duchamp Dr		Amount 20.00	
City Charlotte	State NC	Zip Code 23215	Transaction ID : 2bcc2974-5949-4f5b-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	26.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 783 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination 07 / 16 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 2.40		
City Charlotte	State NC	Zip Code 23215	Transaction ID : c4c72d08-c18a-4d89-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 16 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 07 / 16 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 22.50		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : de0899bc-f27f-4f12-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 16 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			24.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 784 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y / / / / / /					
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 12.96		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : bb407cc3-db32-433c-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Luke T Waltermire			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014		
Mailing Address 107 S Grist Mill Rd			Amount 30.00		
City Hampstead		State NC	Zip Code 28443		Transaction ID : f301dae7-c588-402c-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42.96		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015 [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 785 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Luke T Waltermire		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 107 S Grist Mill Rd		Amount 14.70	
City Hampstead	State NC	Zip Code 28443	Transaction ID : 5f24ecb1-88f4-4538-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joanna Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 2134 Tobaccoville Rd		Amount 22.50	
City Rural Hall	State NC	Zip Code 27045	Transaction ID : 490c341c-2a32-44f2-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		37.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Anthony Buchanan		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 1090 McHone Rd		Amount 70.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : d5634261-f4eb-45a0-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 60.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : f6efef83-82b4-47dd-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 787 OF 1704
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014
Mailing Address 1691 Fork Mtn Rd		Amount 12.60
City Bakersville	State NC	Zip Code 28705
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 2863e274-289e-43f7-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Solveig Lysne		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014
Mailing Address 7121 Oyster Lane		Amount 11.70
City Wilmington	State NC	Zip Code 28411
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 6fd3dc5e-9988-4279-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	24.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2015

Signature

Full Name of Payee Felice Barrett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 1588 Asbury		Amount 30.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : 4e6c2951-8196-4a1c-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	35.64
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Jonathan Odette		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 9600 Earpsboro Chamblee Road		Amount Amount 50.00	
City Wendell	State NC	Zip Code 27591	Transaction ID : dfd32b06-a1f4-4110-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
Calendar Year-To-Date Per Election for Office Sought Amount 1095959.94		District: 00 State: NC Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	59.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jonathan Odette			Date of Public Distribution/Dissemination 07 / 16 / 2014		
Mailing Address 9600 Earpsboro Chamblee Road			Amount 10.80		
City Wendell		State NC	Zip Code 27591		Transaction ID : ec39661c-cbe3-46b4-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 07 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination 07 / 16 / 2014		
Mailing Address Split Oak Drive			Amount 64.50		
City charlotte		State NC	Zip Code 28227		Transaction ID : f8b7dfbe-ff49-4f4d-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 07 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 791 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address Split Oak Drive		Amount 36.87	
City charlotte	State NC	Zip Code 28227	Transaction ID : e7d9a6f0-2088-4ff0-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Theresa Burkhart		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 3126 Chester Ct		Amount 50.00	
City Metairie	State LA	Zip Code 70006	Transaction ID : 3bbee4a5-782e-454f-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	86.87
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 792 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee David Ford			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014		
Mailing Address 106 Hillside St			Amount 62.50		
City Spindale	State NC	Zip Code 28160	Transaction ID : 4b828bce-3bac-47cc-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee David Ford			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014		
Mailing Address 106 Hillside St			Amount 7.02		
City Spindale	State NC	Zip Code 28160	Transaction ID : 35f42246-d6b3-4ff0-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			69.52		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 793 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014		
Mailing Address 1410 Bushville drive			Amount 50.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 578d2c45-3d56-4d3c-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014		
Mailing Address 1410 Bushville drive			Amount 6.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : ef61ce1e-a2be-4b0b-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			56.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 794 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Ralphie Lockhart			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014		
Mailing Address 6310 Col Glenn Rd			Amount 0000000000 30.00		
City Little Rock		State AR	Zip Code 72204		Transaction ID : 86ae7595-9a12-4267-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 0000000000 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Sharon Lloyd			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014		
Mailing Address 4301 Lankford			Amount 0000000000 30.00		
City Springdale		State AR	Zip Code 72762		Transaction ID : c8748bf8-721a-45c4-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 0000000000 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			0000000000 60.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			0000000000		
(c) TOTAL Independent Expenditures..... ▶			0000000000		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 795 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Sharon Lloyd			Date of Public Distribution/Dissemination 07 / 16 / 2014		
Mailing Address 4301 Lankford			Amount 1.20		
City Springdale	State AR	Zip Code 72762	Transaction ID : fbdcc7767-7055-4e3d-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 16 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Damian B Robinson			Date of Public Distribution/Dissemination 07 / 16 / 2014		
Mailing Address 701 Green Mountain Dr Apt 1312			Amount 30.00		
City Little Rock	State AR	Zip Code 72211	Transaction ID : 664c0107-0769-4330-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 16 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			31.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Larry Freeman			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014		
Mailing Address 11214 Mesa drive			Amount 30.00		
City Little rock	State AR	Zip Code 72211	Transaction ID : 2c155b95-e701-4fde-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	43.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 797 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ms. Ashlen Sandoz			Date of Public Distribution/Dissemination 07 / 16 / 2014		
Mailing Address 204 Ranger Place			Amount 15.00		
City Slidell	State LA	Zip Code 70115	Transaction ID : 4fad4925-02ef-4b08-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Danielle Landry			Date of Public Distribution/Dissemination 07 / 16 / 2014		
Mailing Address 1089 Oleste Tauzin Road			Amount 21.50		
City Breaux Bridge	State LA	Zip Code 70517	Transaction ID : 2328454f-bd92-4290-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Lily Green		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 205 Medallion Circle		Amount 40.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 7c793251-507c-4091-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		44.65
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 800 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014		
Mailing Address 205 Medallion Circle			Amount 12.60		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 7c2861ca-54c2-4732-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Barbara A Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014		
Mailing Address 3002 Darden Rd Apt A			Amount 47.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 1c58a611-d64e-4763-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			59.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 801 OF 1704
FOR LINE 24 OF FORM 3X

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 Elizabeth M Woodard			Date of Public Distribution/Dissemination / / 07 / 16 / 2014		
Mailing Address 982 W Eagle St Apt 8			Amount 15.00		
City Fayetteville		State AR	Zip Code 72701		Transaction ID : a8520faf-7657-4b36-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / / 07 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Elizabeth M Woodard			Date of Public Distribution/Dissemination / / 07 / 16 / 2014		
Mailing Address 982 W Eagle St Apt 8			Amount 6.60		
City Fayetteville		State AR	Zip Code 72701		Transaction ID : 4f174191-5088-4d6b-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation / / 07 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 21.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date / / 01 / 30 / 2015

Full Name of Payee Matthew Manuel		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 1392 Lee Street		Amount 14.40	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 4b771995-a149-46f9-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature

Full Name of Payee Sean B Hicks		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 44 McDowell Drive		Amount 2.40	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 2a163309-c28c-4b17-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	42.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 804 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ethan Cranford			Date of Public Distribution/Dissemination 07 / 16 / 2014	
Mailing Address 2012 Caleb Drive			Amount 20.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 6ec24462-81ef-41f3-b Date of Disbursement or Obligation 07 / 16 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ethan Cranford			Date of Public Distribution/Dissemination 07 / 16 / 2014	
Mailing Address 2012 Caleb Drive			Amount 79.11	
City Searcy	State AR	Zip Code 72143	Transaction ID : b482f8b3-32ea-4078-9 Date of Disbursement or Obligation 07 / 16 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99.11	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 805 OF 1704
FOR LINE 24 OF FORM 3X

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 M M / D D / Y Y Y Y Y Y			
Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 16 / 2014	
Mailing Address 3007 Darden Rd		Amount 57.50	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 61e46a9a-76ff-4e56-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 16 / 2014	
Mailing Address 3007 Darden Rd		Amount 9.60	
City Greensboro	State NC	Zip Code 27407	Transaction ID : ac9df2ba-d92c-46eb-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		67.10	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M / D D / Y Y Y Y Y Y 01 / 30 / 2015	

Full Name of Payee Beverly Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 3007 Darden Rd		Amount 57.50	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 803cf4d5-206d-4ae0-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Dylan Simon		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 111 Millrock Drive		Amount 51.67	
City Lafayette	State LA	Zip Code 70508	Transaction ID : 8181c631-39b3-4c9b-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	109.17
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 807 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Dylan Simon			Date of Public Distribution/Dissemination 07 / 16 / 2014		
Mailing Address 111 Millrock Drive			Amount 15.12		
City Lafayette	State LA	Zip Code 70508	Transaction ID : 0b8e9efb-6d52-49fa-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Dylan Simon			Date of Public Distribution/Dissemination 07 / 16 / 2014		
Mailing Address 111 Millrock Drive			Amount 51.67		
City Lafayette	State LA	Zip Code 70508	Transaction ID : dd335298-e5d1-4ae2-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			66.79		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 808 OF 1704
 FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	

Full Name of Payee Dylan Simon		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 111 Millrock Drive		Amount 15.12	
City Lafayette	State LA	Zip Code 70508	Transaction ID : 80335877-6b88-4c3e-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Petrina Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 3007 Darden Rd		Amount 50.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : e0915d12-8e83-4213-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	65.12
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 809 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Petrina Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014	
Mailing Address 3007 Darden Rd		Amount 8.40	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 55c78372-81dc-4d22-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Erika Burfield		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014	
Mailing Address 2939 Country Club Drive		Amount 35.00	
City Hampstead	State NC	Zip Code 28443	Transaction ID : 4dc23ec0-e4fd-4d68-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		43.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 810 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Erika Burfield			Date of Public Distribution/Dissemination 07 / 16 / 2014		
Mailing Address 2939 Country Club Drive			Amount 4.20		
City Hampstead		State NC	Zip Code 28443		Transaction ID : bc9d9bdb-9dec-419a-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 07 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Lesley Lennox			Date of Public Distribution/Dissemination 07 / 16 / 2014		
Mailing Address 2305 Cleary Ave			Amount 20.00		
City Metairie		State LA	Zip Code 70001		Transaction ID : f4df22f6-96ed-4ee2-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 07 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			24.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 01 / 30 / 2015		

Full Name of Payee Julie Clifton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 712 St. Martin Lane		Amount 15.60	
City Bossier City	State LA	Zip Code 71111	Transaction ID : e1b9d2c7-328b-4f41-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	17.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Timothy Foley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 20679 Glenbrook Terrace		Amount 105.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : c027a873-228a-4344-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	108.15
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Andrew Shiver		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 110 Earlston Ct		Amount 20.40	
City Knightsdale	State NC	Zip Code 27545	Transaction ID : bb9d6422-ed37-4794-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	70.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 814 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mr. Alex Peyton			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014		
Mailing Address 859 Hicks Rd			Amount 40.00		
City Washington		State LA	Zip Code 70589		Transaction ID : 0bd47542-b7fb-4a3a-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mr. Alex Peyton			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014		
Mailing Address 859 Hicks Rd			Amount 22.50		
City Washington		State LA	Zip Code 70589		Transaction ID : 095b3516-9e15-4afd-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			62.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 815 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Sarinda S Dudley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014	
Mailing Address 4367 Splitlog Rd			Amount 80.00	
City Goodman	State MO	Zip Code 64843	Transaction ID : 8cabe4ec-b04b-4ccb-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sarinda S Dudley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014	
Mailing Address 4367 Splitlog Rd			Amount 27.90	
City Goodman	State MO	Zip Code 64843	Transaction ID : e6f79dd4-63dc-4c24-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			107.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 816 OF 1704
 FOR LINE 24 OF FORM 3X

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 Donna Barrette		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 724 Harris Avenue		Amount 50.00	
City Harahan	State LA	Zip Code 70123	Transaction ID : a4cb908f-8927-475e-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Donna Barrette		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 724 Harris Avenue		Amount 1.50	
City Harahan	State LA	Zip Code 70123	Transaction ID : bbf4beb0-d344-429b-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	51.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee James Antonetz		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 11127 Gila Valley Dr		Amount 65.00	
City Little Rock	State AR	Zip Code 72212	Transaction ID : 5ed73415-8a34-4f5d-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	145.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 819 OF 1704
FOR LINE 24 OF FORM 3X

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

Full Name of Payee James Antonetz		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 11127 Gila Valley Dr		Amount 18.00
City Little Rock	State AR	Zip Code 72212
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : c95bdb3-ae15-4b13-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Cassidy Quartararo		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 07 / 16 / 2014
Mailing Address 632 Cameron Court		Amount 50.00
City Kenner	State LA	Zip Code 70065
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 1af6fae8-08d6-422b-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	68.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M / D D / Y Y Y Y
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 820 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cassidy Quartararo			Date of Public Distribution/Dissemination 07 / 16 / 2014		
Mailing Address 632 Cameron Court			Amount 8.46		
City Kenner	State LA	Zip Code 70065	Transaction ID : 9191b59c-fcb4-4be5-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination 07 / 16 / 2014		
Mailing Address 308 West Main Street			Amount 80.00		
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 2093b201-9acb-4c57-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 16 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			88.46		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Glenda McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 308 West Main Street		Amount 80.00	
City Plot Mountain	State NC	Zip Code 27041	Transaction ID : 0f864563-3659-4301-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 220 Doucet Rd		Amount 2.43	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 477df23b-5929-46d4-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	32.43
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Rebecca Deucher		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 4800 Vass Carthage Rd		Amount 4.80	
City Carthage	State NC	Zip Code 28394	Transaction ID : 994a8e80-ff8d-4e42-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

[illegible]

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.

Date _____

Signature

Full Name of Payee Bradley K Kissinger		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 3113 Imperial Valley Dr.		Amount 3.60	
City Little Rock	State AR	Zip Code 72212	Transaction ID : 8739d5c8-a929-46c5-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	33.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 825 OF 1704
FOR LINE 24 OF FORM 3X

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 M M / D D / Y Y Y Y Y Y				
Full Name of Payee Brandy Starns			Date of Public Distribution/Dissemination 07 / 16 / 2014	
Mailing Address 300 Evangeline St			Amount 30.00	
City Monroe	State LA	Zip Code 71201	Transaction ID : e29565fd-8f9f-4de2-b Date of Disbursement or Obligation 07 / 16 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brandy Starns			Date of Public Distribution/Dissemination 07 / 16 / 2014	
Mailing Address 300 Evangeline St			Amount 3.30	
City Monroe	State LA	Zip Code 71201	Transaction ID : 804af981-1693-4e86-a Date of Disbursement or Obligation 07 / 16 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 826 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 30.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : bf1dc6dd-2f05-454b-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 3.60	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 2e022323-ebef-43f7-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		33.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 827 OF 1704
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 16 / 2014
Mailing Address 1025 Cayley Ct		Amount 80.00
City High Point	State NC	Zip Code 27260
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : c772c63b-df2c-46ff-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 16 / 2014
Mailing Address 1025 Cayley Ct		Amount 21.30
City High Point	State NC	Zip Code 27260
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 488eb6d1-4ef7-486a-b Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	101.30
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014		
Mailing Address 1025 Cayley Ct			Amount 70.00		
City High Point	State NC	Zip Code 27260	Transaction ID : f5ca09b9-794c-42d6-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014		
Mailing Address 1025 Cayley Ct			Amount 19.20		
City High Point	State NC	Zip Code 27260	Transaction ID : d3c3f813-e550-410b-8		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			89.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 829 OF 1704
FOR LINE 24 OF FORM 3X

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 M M / D D / Y Y Y Y Y Y					
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination 07 / 16 / 2014		
Mailing Address 1700 E Part Ave			Amount 75.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 446b25ea-7a42-4ce7-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 16 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination 07 / 16 / 2014		
Mailing Address 1700 E Part Ave			Amount 79.20		
City Searcy	State AR	Zip Code 72149	Transaction ID : edc8d3d0-abed-472b-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 16 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			154.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 830 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Reagan Brackett			Date of Public Distribution/Dissemination 07 / 16 / 2014	
Mailing Address 502 E Center Ave			Amount 60.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : f9f84aca-1bfe-46ee-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination 07 / 16 / 2014	
Mailing Address 804 Roundabout Circle			Amount 60.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 97ac444b-3b64-4c45-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			120.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 831 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014		
Mailing Address 804 Roundabout Circle			Amount 78.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 4641461c-3f75-4983-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014		
Mailing Address 6412 Osage Dr			Amount 30.00		
City North Little rock		State AR	Zip Code 72116		Transaction ID : 6e028f54-fde7-4824-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			108.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 832 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 6412 Osage Dr		Amount 11.79	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 86a8b1fd-b414-439b-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 1434 South Avenue		Amount 90.00	
City Eden	State NC	Zip Code 27288	Transaction ID : 54f56ffb-acf9-4c89-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		101.79	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Tarrin Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 629 Radiance Ave		Amount 70.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 49d8fca2-c321-4a35-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	83.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

01 / 30 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 834 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Tarrin Lesaicherre			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014		
Mailing Address 629 Radiance Ave			Amount 3.60		
City Metairie	State LA	Zip Code 70001	Transaction ID : 77531e09-f41c-4323-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014		
Mailing Address 4006 Wolkswalk Place			Amount 30.00		
City Raleigh	State NC	Zip Code 27610	Transaction ID : b75aa5f0-1540-4f68-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination 07 / 16 / 2014		
Mailing Address 4006 Wolkswalk Place			Amount 9.30		
City Raleigh	State NC	Zip Code 27610	Transaction ID : 6c8f1c4e-7037-40cf-a Date of Disbursement or Obligation 07 / 16 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination 07 / 16 / 2014		
Mailing Address 112 apache Dr			Amount 75.00		
City Search	State AR	Zip Code 72149	Transaction ID : 4557fe91-d0fb-4869-9 Date of Disbursement or Obligation 07 / 16 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			84.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 01 / 30 / 2015		

Full Name of Payee Melanie Slagle		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 77 Southridge Drive		Amount 10.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 4b644db5-f585-4795-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	47.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Three examples of 1D barcodes are shown, each with a label above it: MM01, DD30, and YYYY2015. The MM01 barcode has two 'M' labels above the first two bars. The DD30 barcode has two 'D' labels above the first two bars. The YYYY2015 barcode has four 'Y' labels above the first four bars.

Full Name of Payee Melanie Slagle		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 77 Southridge Drive		Amount 4.80	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 28adae15-d611-4d7f-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Benjamin Hernandez		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 915 E Market Ave		Amount 73.00	
City	State	Zip Code	Transaction ID : 4b751cdc-79aa-4925-8
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	77.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Three 7-segment displays are shown, each with a different format: MM/DD/YYYY. The first display shows '01' for the month and '30' for the day. The second display shows '2015' for the year. The third display shows '01' for the month, '30' for the day, and '2015' for the year.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 838 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Benjamin Hernandez		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014	
Mailing Address 915 E Market Ave		Amount 37.50	
City Searcy	State AR	Zip Code 72149	Transaction ID : 0c53c751-1d11-493e-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Steven Jean		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014	
Mailing Address 2012 Harrison Ave		Amount 50.00	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 53d2b22b-aba5-417c-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		87.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 839 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Steven Jean			Date of Public Distribution/Dissemination 07 / 16 / 2014		
Mailing Address 2012 Harrison Ave			Amount 12.00		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 4c68c9cd-e8fe-4cc7-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 16 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination 07 / 16 / 2014		
Mailing Address 924 N. Prieur St			Amount 80.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 3c47909c-5b83-4eb9-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			92.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 840 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014		
Mailing Address 924 N. Prieur St			Amount 15.00		
City New Orleans		State LA	Zip Code 70116		Transaction ID : b37cdb9b-f4cb-4756-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Saige Anderson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014		
Mailing Address PO Box 424			Amount 17.00		
City Searcy		State AR	Zip Code 72145		Transaction ID : 96840695-18ee-4c61-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought			292434.22 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			32.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <i>Ms. Emily Buchanan</i>			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 841 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Saige Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014
Mailing Address PO Box 424		Amount 91.26
City Searcy	State AR	Zip Code 72145
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
		MM / DD / YYYY 07 / 16 / 2014
		Transaction ID : 12e90a72-d554-4aa9-8
		Date of Disbursement or Obligation

Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014
Mailing Address 2565 Shire Circle		Amount 10.00
City Harrisonburg	State VA	Zip Code 22801
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
		MM / DD / YYYY 07 / 16 / 2014
		Transaction ID : aa0e8f95-b412-41ec-8
		Date of Disbursement or Obligation

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	101.26
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 842 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination 07 / 16 / 2014		
Mailing Address 2565 Shire Circle			Amount 10.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 7506456d-ec41-4a28-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 16 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination 07 / 16 / 2014		
Mailing Address 9455 Snow Camp Road			Amount 60.00		
City Snowcamp	State NC	Zip Code 27349	Transaction ID : 1633a34a-4c35-4c0d-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 16 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			70.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Robin L Bennett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 3505 Beaumont St Apt 13D		Amount 20.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : 6c2b4115-fbbd-419c-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	28.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 844 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Robin L Bennett			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014		
Mailing Address 3505 Beaumont St Apt 13D			Amount 33.00		
City Neosho		State MO	Zip Code 64850		Transaction ID : ca92ab74-b6cd-45dc-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292434.22 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014		
Mailing Address 1410 Bushville drive			Amount 50.00		
City Lenoir		State NC	Zip Code 28645		Transaction ID : e5ad7f72-ae4d-4590-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			83.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 845 OF 1704
FOR LINE 24 OF FORM 3X

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			MM / DD / YYYY		
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014		
Mailing Address 1410 Bushville drive			Amount 6.00		
City Lenoir		State NC	Zip Code 28645		Transaction ID : 0fdac85a-c463-4162-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014		
Mailing Address 105 South Dale St			Amount 70.00		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : 2bb2b150-78ad-4d98-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			76.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date MM / DD / YYYY 01 / 30 / 2015		
			[Electronically Filed]		

Full Name of Payee Mary Johnson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 105 South Dale St		Amount 70.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 907a8329-9a14-41d9-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<!-- Empty box -->
(c) TOTAL Independent Expenditures.....	▶	<!-- Empty box -->

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 847 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014		
Mailing Address 629 Radiance Ave			Amount 70.00		
City Metairie		State LA	Zip Code 70001		Transaction ID : 274f69a2-b370-4f55-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014		
Mailing Address 629 Radiance Ave			Amount 3.60		
City Metairie		State LA	Zip Code 70001		Transaction ID : 256ab69e-af47-47f6-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			73.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 12.15		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : f26bca17-ac76-4b69-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	82.15
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 849 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 20.00		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 9eb79ede-d077-4acc-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 3.18		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : d0b93fd7-0412-409f-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			23.18		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date MM / DD / YYYY 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 Joanna Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 2134 Tobaccoville Rd		Amount 20.00	
City Rural Hall	State NC	Zip Code 27045	Transaction ID : 3f6ad7b5-826e-4620-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address Split Oak Drive		Amount 35.00	
City charlotte	State NC	Zip Code 28227	Transaction ID : 21fb57b7-3867-47c2-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	55.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 851 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014		
Mailing Address Split Oak Drive			Amount 20.70		
City charlotte	State NC	Zip Code 28227	Transaction ID : df4eba4f-d830-42bc-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 40.00		
City Charlotte	State NC	Zip Code 23215	Transaction ID : f3c18c95-fea1-4513-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			60.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 852 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 7.80		
City Charlotte		State NC	Zip Code 23215		Transaction ID : cbc74281-eb27-45df-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee David Ford			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014		
Mailing Address 106 Hillside St			Amount 57.50		
City Spindale		State NC	Zip Code 28160		Transaction ID : e0be2265-dda8-4ee4-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee David Ford			Date of Public Distribution/Dissemination 07 / 17 / 2014		
Mailing Address 106 Hillside St			Amount 4.17		
City Spindale	State NC	Zip Code 28160	Transaction ID : 265159ee-cf51-4127-b Date of Disbursement or Obligation 07 / 17 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination 07 / 17 / 2014		
Mailing Address 308 West Main Street			Amount 44.50		
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 8d7ac653-3fc3-45fc-b Date of Disbursement or Obligation 07 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			48.67		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 854 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014	
Mailing Address 308 West Main Street		Amount 13.05	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : e95aaba3-bd64-4320-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Glenda McKinney		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014	
Mailing Address 308 West Main Street		Amount 44.50	
City Plot Mountain	State NC	Zip Code 27041	Transaction ID : 97e53c48-2205-4d77-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		57.55	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 855 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jennie Butler		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014	
Mailing Address 1676 Shady Creek Rd		Amount 20.00	
City Ayden	State NC	Zip Code 28513	Transaction ID : e34c850a-9813-4ef1-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jennie Butler		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014	
Mailing Address 1676 Shady Creek Rd		Amount 5.40	
City Ayden	State NC	Zip Code 28513	Transaction ID : 33c5bfed-4a92-4ebf-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		25.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 01 / 30 / 2015	

Full Name of Payee Solveig Lysne		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 7121 Oyster Lane		Amount 6.60	
City Wilmington	State NC	Zip Code 28411	Transaction ID : 8257d397-4324-4cf1-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	52.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Full Name of Payee Erika Burfield			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014		
Mailing Address 2939 Country Club Drive			Amount Amount 47.50		
City Hampstead	State NC	Zip Code 28443	Transaction ID : fa091c03-bc8f-4f06-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought Amount 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
		57.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	

Full Name of Payee Erika Burfield		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 2939 Country Club Drive		Amount 4.50	
City Hampstead	State NC	Zip Code 28443	Transaction ID : 0a7129bf-5294-41d6-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Steven Jean		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 2012 Harrison Ave		Amount 85.00	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : ded824f3-01c7-4619-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	89.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 859 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Steven Jean			Date of Public Distribution/Dissemination 07 / 17 / 2014	
Mailing Address 2012 Harrison Ave			Amount 15.00	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 038703e2-85ad-4084-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Theresa A Touchet			Date of Public Distribution/Dissemination 07 / 17 / 2014	
Mailing Address 102 French Street #3			Amount 7.50	
City New Orleans	State LA	Zip Code 70124	Transaction ID : 6602e13b-25b4-4f19-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			22.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

Full Name of Payee Theresa A Touchet		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 102 French Street #3		Amount 0.60	
City New Orleans	State LA	Zip Code 70124	Transaction ID : 6dcdb17c-4391-4ff8-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jonathan Odette			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014		
Mailing Address 9600 Earsboro Chamblee Road			Amount 70.00		
City Wendell	State NC	Zip Code 27591	Transaction ID : afa698cf-9ff6-43b4-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 State: NC ☐ President		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	70.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Full Name of Payee Andrea L Hammond		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 12920 Kneeland Ln		Amount 32.50	
City Neosho	State MO	Zip Code 64850	Transaction ID : 633764dd-9deb-4922-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	70.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature

Full Name of Payee Andrea L Hammond		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 12920 Kneeland Ln		Amount 33.30	
City Neosho	State MO	Zip Code 64850	Transaction ID : 073b01ad-13af-417b-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Steven Best		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 103 Washington Ave		Amount 60.00	
City Newport	State NC	Zip Code 28570	Transaction ID : 702c0012-b8e4-4db1-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	93.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 863 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Steven Best			Date of Public Distribution/Dissemination 07 / 17 / 2014		
Mailing Address 103 Washington Ave			Amount 10.23		
City Newport	State NC	Zip Code 28570	Transaction ID : 3b1bcd6d-cd88-4729-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 17 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Francesca Blom			Date of Public Distribution/Dissemination 07 / 17 / 2014		
Mailing Address 101 Asbury Ct			Amount 80.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 7f5c8a52-a3e0-4dde-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 17 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.23		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Brian Saltzler		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 601 S College Road		Amount 35.00	
City Wilmington	State NC	Zip Code 28403	Transaction ID : 9a9f55a6-5b6d-4669-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Brian Saltzler		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 601 S College Road		Amount 4.50	
City Wilmington	State NC	Zip Code 28403	Transaction ID : 318fc4a5-b8fb-4ae9-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 924 N. Prieur St		Amount 70.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : a0a6e690-59db-4a97-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	85.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 866 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination 07 / 17 / 2014		
Mailing Address 924 N. Prieur St			Amount 13.50		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 0b00ed7d-949e-411e-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 17 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Donald Dessauer			Date of Public Distribution/Dissemination 07 / 17 / 2014		
Mailing Address 1804 Auburn Ave			Amount 15.00		
City Metairie	State LA	Zip Code 70003	Transaction ID : 38488d67-28b2-4a74-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 17 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			28.50		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 867 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Donald Dessauer			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014		
Mailing Address 1804 Auburn Ave			Amount 0.30		
City Metaire	State LA	Zip Code 70003	Transaction ID : 090027b7-c180-41e9-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Luke T Waltermire			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014		
Mailing Address 107 S Grist Mill Rd			Amount 33.00		
City Hampstead	State NC	Zip Code 28443	Transaction ID : a64794c2-9116-42ea-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015		
Signature					

Full Name of Payee Luke T Waltermire		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 107 S Grist Mill Rd		Amount 15.30	
City Hampstead	State NC	Zip Code 28443	Transaction ID : b16bc87b-4644-455d-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Peter Sahuc		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 107 Phillip Ave		Amount 30.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 25982f81-8cc8-4045-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	45.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 869 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Peter Sahuc		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 107 Phillip Ave		Amount 3.81	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 546e8d41-c164-4828-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee John Voholetz		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 718 N MacMillan Avenue		Amount 40.00	
City Wilmington	State NC	Zip Code 28803	Transaction ID : c5256b60-c8b3-4403-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		43.81	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 870 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Carmen Maddrey			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 17 / 2014	
Mailing Address 2043 Nottingham Ln			Amount 40.00	
City Burlington	State NC	Zip Code 27215	Transaction ID : 65dedd35-ac1f-4562-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carmen Maddrey			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 17 / 2014	
Mailing Address 2043 Nottingham Ln			Amount 2.40	
City Burlington	State NC	Zip Code 27215	Transaction ID : dc763c76-cf80-496e-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M / D D / Y Y Y Y Y Y 01 / 30 / 2015	
Signature				

Full Name of Payee Anthony Buchanan		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 1090 McHone Rd		Amount 80.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : d0c7adc8-e61a-4b19-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Mary Johnson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 105 South Dale St		Amount 80.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 4cacf5c2-34d1-4fb8-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General	2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 1434 South Avenue		Amount 10.80	
City Eden	State NC	Zip Code 27288	Transaction ID : 85e3d843-ff0b-45aa-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	83.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 105 South Dale St		Amount 80.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : dc9fe5e1-8b2a-4d25-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 105 South Dale St		Amount 26.70	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 6045705d-506c-448f-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	106.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Full Name of Payee Barbara A Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 3002 Darden Rd Apt A		Amount 70.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 59a1c2b4-9d48-4d31-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Kacie Gleb		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 3815 Robin Road		Amount \$ 30.00	
City Ayden	State NC	Zip Code 28513	Transaction ID : 6664060a-55c2-4694-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 875 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Branson Cambre			Date of Public Distribution/Dissemination 07 / 17 / 2014		
Mailing Address 117 Middleburg Dr.			Amount 55.00		
City Lafayette	State LA	Zip Code 70508	Transaction ID : 1ad0716f-74c7-45e7-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 17 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Branson Cambre			Date of Public Distribution/Dissemination 07 / 17 / 2014		
Mailing Address 117 Middleburg Dr.			Amount 11.49		
City Lafayette	State LA	Zip Code 70508	Transaction ID : 0804622d-8e35-4f03-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 17 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			66.49		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 876 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Matt Gleb			Date of Public Distribution/Dissemination 07 / 17 / 2014		
Mailing Address 3815 Robin Road			Amount 30.00		
City Ayden	State NC	Zip Code 28513	Transaction ID : d440de0b-9056-4199-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 17 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Matt Gleb			Date of Public Distribution/Dissemination 07 / 17 / 2014		
Mailing Address 3815 Robin Road			Amount 10.80		
City Ayden	State NC	Zip Code 28513	Transaction ID : 152b32a5-500c-4098-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 17 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			40.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 877 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Donna Barrette			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014		
Mailing Address 724 Harris Avenue			Amount 60.00		
City State Zip Code Harahan LA 70123		Transaction ID : 0971abc4-9b3b-4a8c-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Donna Barrette			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014		
Mailing Address 724 Harris Avenue			Amount 0.90		
City State Zip Code Harahan LA 70123		Transaction ID : 22dc70c0-0ee1-4929-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			60.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u>			[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 878 OF 1704
 FOR LINE 24 OF FORM 3X

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 Sharon Lloyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 4301 Lankford		Amount 80.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : 9a3bffc4-af4d-404a-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Sharon Lloyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 4301 Lankford		Amount 11.79	
City Springdale	State AR	Zip Code 72762	Transaction ID : bd93bd1b-d8a7-4408-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	91.79
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Roddy H Lloyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 4301 Lankford		Amount MM / DD / YYYY 8.19	
City Springdale	State AR	Zip Code 72762	Transaction ID : ae8d0cc1-46f5-4abf-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
Calendar Year-To-Date Per Election for Office Sought MM / DD / YYYY 292434.22		District: 00 State: AR Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	88.19
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 880 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Roman Rys			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014		
Mailing Address 635 Lotarche St			Amount 37.50		
City Greenville	State NC	Zip Code 27858	Transaction ID : dfca233c-1a12-4964-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Roman Rys			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014		
Mailing Address 635 Lotarche St			Amount 2.22		
City Greenville	State NC	Zip Code 27858	Transaction ID : d48c3af4-f532-443a-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			39.72		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 90.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : e8b3e596-d832-4066-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 22.62	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : dab4ad51-11cf-487a-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	112.62
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 882 OF 1704
 FOR LINE 24 OF FORM 3X

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 Ms. Chassidy Menard			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014		
Mailing Address 515 Walter Dr.			Amount 65.00		
City Lafayette	State LA	Zip Code 70507	Transaction ID : 76930c52-d056-4ce9-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Ms. Chassidy Menard			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014		
Mailing Address 515 Walter Dr.			Amount 6.30		
City Lafayette	State LA	Zip Code 70507	Transaction ID : 86496b2d-8551-43db-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	71.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Cassidy Quartararo		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 632 Cameron Court		Amount 60.00	
City Kenner	State LA	Zip Code 70065	Transaction ID : 14d5be0e-fda6-4d7d-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		120.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 884 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cassidy Quartararo			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014		
Mailing Address 632 Cameron Court			Amount 8.73		
City State Zip Code Kenner LA 70065		Transaction ID : 5e13d14a-3efb-4aa7-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014		
Mailing Address 2090 Fancy Gap Rd			Amount 90.00		
City State Zip Code Mt. Airy NC 27030		Transaction ID : 478d64ed-87fd-4de1-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			98.73		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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. Signature <i>Ms. Emily Buchanan</i> [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015					

Full Name of Payee Timothy Foley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 20679 Glenbrook Terrace		Amount 90.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : f6f4c83d-7e09-45f7-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	112.62
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Gosch Ellers		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 377 Darlington Ave		Amount 45.00	
City Wilmington	State NC	Zip Code 28403	Transaction ID : 47e7fd9c-0bdb-475c-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	135.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 887 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Gosch Ellers		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014
Mailing Address 377 Darlington Ave		Amount 17.10
City Wilmington	State NC	Zip Code 28403
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : f61da6e5-1c07-4f41-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Vonniqua Jackson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014
Mailing Address 111 Westchester Blvd Apt D4		Amount 20.00
City Slidell	State LA	Zip Code 70458
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : f34239c0-716f-4fe7-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	37.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 888 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Vonniqua Jackson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 111 Westchester Blvd Apt D4		Amount 3.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : 688e7e8f-0997-4ebe-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 6412 Osage Dr		Amount 30.00	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 98e1264f-34b8-41f7-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		33.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 889 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014		
Mailing Address 6412 Osage Dr			Amount 4.23		
City North Little rock		State AR	Zip Code 72116		Transaction ID : 4249af9f-87b3-4c4d-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014		
Mailing Address 220 Doucet Rd			Amount 30.00		
City Lafayette		State LA	Zip Code 70503		Transaction ID : 8ef037fd-1391-4997-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			34.23		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 890 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014
Mailing Address 220 Doucet Rd		Amount 2.64
City Lafayette	State LA	Zip Code 70503
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 582d61fc-351d-45ee-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014
Mailing Address 1700 E Part Ave		Amount 75.00
City Searcy	State AR	Zip Code 72149
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : cbb5c40d-834b-4e7e-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	77.64
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 1700 E Part Ave		Amount 99.99	
City Searcy	State AR	Zip Code 72149	Transaction ID : 186621ac-e7b3-4bb3-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee JoAnn Burks		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 10 Castle Hill Ct		Amount 25.00	
City Little Rock	State AR	Zip Code 72227	Transaction ID : 6fb32453-92dc-438f-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	104.11
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 2305 Cleary Ave		Amount 17.50	
City Metairie	State LA	Zip Code 70001	Transaction ID : 30526e39-b262-4975-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	554635.78		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	43.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 894 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Lesley Lennox			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014		
Mailing Address 2305 Cleary Ave			Amount 0.90		
City Metairie	State LA	Zip Code 70001	Transaction ID : 678a30e3-aba0-4056-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Bradley K Kissinger			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014		
Mailing Address 3113 Imperial Valley Dr.			Amount 15.00		
City Little Rock	State AR	Zip Code 72212	Transaction ID : 91468d6c-1e84-410b-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			15.90		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Petrina Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 3007 Darden Rd		Amount 70.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 760e58d8-53a6-46af-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	71.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 896 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Petrina Williams			Date of Public Distribution/Dissemination 07 / 17 / 2014		
Mailing Address 3007 Darden Rd			Amount 20.40		
City Greensboro	State NC	Zip Code 27407	Transaction ID : f116fb7b-1f09-43e1-9 Date of Disbursement or Obligation 07 / 17 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Charity Zerbel			Date of Public Distribution/Dissemination 07 / 17 / 2014		
Mailing Address 804 Mary Ave			Amount 42.50		
City Neosho	State MO	Zip Code 64850	Transaction ID : 6a2298fa-687d-4a08-a Date of Disbursement or Obligation 07 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			62.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Ms. Emily Buchanan _____ Signature		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 2565 Shire Circle		Amount 37.50	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 35a454fa-31db-437e-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☐ President	District: <u>00</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 898 OF 1704
FOR LINE 24 OF FORM 3X

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			MM / DD / YYYY	
Full Name of Payee Benjamin Hernandez		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014		
Mailing Address 915 E Market Ave		Amount 60.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 72b36e10-cd07-477c-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Benjamin Hernandez		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014		
Mailing Address 915 E Market Ave		Amount 34.50		
City Searcy	State AR	Zip Code 72149	Transaction ID : 5a6177a2-f73b-43e0-a	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		94.50		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) 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.				
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015		
		[Electronically Filed]		

Full Name of Payee Alexa S Dudley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 4367 Splitlog Rd		Amount 22.50	
City Goodman	State MO	Zip Code 64843	Transaction ID : f25e85da-d145-475a-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	92.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 112 apache Dr		Amount 60.00	
City Search	State AR	Zip Code 72149	Transaction ID : b56ae867-03c4-4b22-a
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 112 apache Dr		Amount 34.50	
City	State	Zip Code	Transaction ID : 9bd058bb-c8ae-4ec5-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Search	AR	72149	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
		292434.22	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	94.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

Three 7-segment displays are shown, each with a different format. The first display shows '01' with 'M' above the top-left and top-right segments. The second display shows '30' with 'D' above the top-left and top-right segments. The third display shows '2015' with 'Y' above each of the four digit segments.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 901 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Sarinda S Dudley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014		
Mailing Address 4367 Splitlog Rd			Amount 70.00		
City Goodman	State MO	Zip Code 64843	Transaction ID : 948fa736-7a13-4458-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014		
Mailing Address 3007 Darden Rd			Amount 95.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : bb1c2e33-280c-42ce-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			165.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 902 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014		
Mailing Address 3007 Darden Rd			Amount 24.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : bd01a593-a664-46e3-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014		
Mailing Address 3007 Darden Rd			Amount 95.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : c994ff6c-3451-4ef2-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			119.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 903 OF 1704
 FOR LINE 24 OF FORM 3X

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 Lee R Carter			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014		
Mailing Address 3110 Brentwood Rd			Amount 25.00		
City Raleigh	State NC	Zip Code 27604	Transaction ID : c2f24641-a41f-48de-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
1095959.94					

Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014		
Mailing Address 3110 Brentwood Rd			Amount 2.10		
City Raleigh	State NC	Zip Code 27604	Transaction ID : 661977e5-3315-4ec9-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014		
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
1095959.94					

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	27.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 904 OF 1704
FOR LINE 24 OF FORM 3X

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 Jon Linch		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 6108 Harkins Ave		Amount 50.00	
City Little Rock	State AR	Zip Code 72210	Transaction ID : 2552c9d3-c60f-4c7c-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jon Linch		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 6108 Harkins Ave		Amount 9.60	
City Little Rock	State AR	Zip Code 72210	Transaction ID : 2f5fe10c-df27-4897-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	59.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Jeanine Holmes		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 206 Wildwood Dr		Amount 6.00	
City Hammond	State LA	Zip Code 70401	Transaction ID : cc493d41-a7e5-4b3a-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	554635.78		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	26.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Eric Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 907 Randall Drive		Amount 70.00	
City	State	Zip Code	Transaction ID : e5fba1a3-a4d2-41a6-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		140.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 907 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Eric Wilson			Date of Public Distribution/Dissemination 07 / 17 / 2014		
Mailing Address 907 Randall Drive			Amount 75.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 68dc0f2c-6f77-4066-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 17 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination 07 / 17 / 2014		
Mailing Address 629 Radiance Ave			Amount 70.00		
City Metairie	State LA	Zip Code 70001	Transaction ID : 59cfa6f1-cc2b-471c-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 17 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			145.00		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 908 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014		
Mailing Address 629 Radiance Ave			Amount 4.50		
City Metairie		State LA	Zip Code 70001		Transaction ID : 558ef9d0-783e-46dc-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Tarrin Lesaicherre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014		
Mailing Address 629 Radiance Ave			Amount 70.00		
City Metairie		State LA	Zip Code 70001		Transaction ID : 55bd5b56-13d0-45bb-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			74.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 909 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Tarrin Lesaicherre			Date of Public Distribution/Dissemination 07 / 17 / 2014	
Mailing Address 629 Radiance Ave			Amount 4.50	
City Metairie	State LA	Zip Code 70001	Transaction ID : e9bab2bd-3a21-4b97-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 07 / 17 / 2014	
Mailing Address 22369 Ponderosa Dr.			Amount 25.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 3edcd44b-168d-4540-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			29.50	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 910 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 07 / 17 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 2.70		
City Mandeville	State LA	Zip Code 70471	Transaction ID : d9a18092-452d-4d74-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 17 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Darius Beverly			Date of Public Distribution/Dissemination 07 / 17 / 2014		
Mailing Address 157 Bishop Drive			Amount 45.00		
City Avondale	State LA	Zip Code 70094	Transaction ID : f3e65528-76b9-46a6-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 17 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Ms. Dinah Beverly		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 157 Bishop Drive		Amount 4.80	
City Avondale	State LA	Zip Code 70064	Transaction ID : e7ce5959-cfb4-4304-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	49.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 912 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination 07 / 16 / 2014		
Mailing Address 3110 Brentwood Rd			Amount 15.00		
City Raleigh	State NC	Zip Code 27604	Transaction ID : 48283d90-ee42-4098-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 16 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination 07 / 16 / 2014		
Mailing Address 3110 Brentwood Rd			Amount 15.60		
City Raleigh	State NC	Zip Code 27604	Transaction ID : 36ba11d1-666f-4faa-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 16 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			30.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Thomas Sisk		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014	
Mailing Address 3625 Chapelwood Drive		Amount 4.71	
City Gastonia	State NC	Zip Code 28025	Transaction ID : 9cd073ec-cbfc-4279-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		24.71
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 914 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014		
Mailing Address 2565 Shire Circle			Amount 10.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 91006548-1a71-4553-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Andrew Shiver			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014		
Mailing Address 110 Earlston Ct			Amount 70.00		
City Knightdale	State NC	Zip Code 27545	Transaction ID : e9b7f548-3694-4513-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			80.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
Signature _____					

Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 15.00	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : b749d2ab-b121-4966-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 916 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 2.40		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 1d9c11d5-27c6-4b27-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014		
Mailing Address 2134 Tobaccoville Rd			Amount 15.00		
City Rural Hall		State NC	Zip Code 27045		Transaction ID : e17f88e3-3ab3-4731-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			17.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 917 OF 1704
 FOR LINE 24 OF FORM 3X

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 Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 07 18 2014		
Mailing Address 7214 Duchamp Dr			Amount 50.00		
City Charlotte	State NC	Zip Code 23215	Transaction ID : e4adf410-0dd5-415f-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 18 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 07 18 2014		
Mailing Address 7214 Duchamp Dr			Amount 7.80		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 0a4d5cdb-a1ea-4310-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 18 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	57.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY

01

30

2015

Signature

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014	
Mailing Address 1025 Cayley Ct		Amount 9.60	
City High Point	State NC	Zip Code 27260	Transaction ID : b02ea772-bde9-470c-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	24.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 919 OF 1704
FOR LINE 24 OF FORM 3X

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			MM / DD / YYYY	
Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014		
Mailing Address Split Oak Drive		Amount 50.00		
City charlotte	State NC	Zip Code 28227	Transaction ID : ef83b303-90d8-40e6-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014		
Mailing Address Split Oak Drive		Amount 23.40		
City charlotte	State NC	Zip Code 28227	Transaction ID : 8defb758-6311-4ca2-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		73.40		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 920 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Marilyn Riley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014		
Mailing Address 338 Wayne Drive			Amount 25.00		
City State Zip Code Shreveport LA 71105		Transaction ID : 2974a090-f5ed-4cf6-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Solveig Lysne			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014		
Mailing Address 7121 Oyster Lane			Amount 44.30		
City State Zip Code Wilmington NC 28411		Transaction ID : 22fe729d-d885-4d24-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			69.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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. Signature Ms. Emily Buchanan [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 921 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Solveig Lysne			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014		
Mailing Address 7121 Oyster Lane			Amount 8.79		
City Wilmington	State NC	Zip Code 28411	Transaction ID : 55752813-8468-4545-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Steven Best			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014		
Mailing Address 103 Washington Ave			Amount 23.00		
City Newport	State NC	Zip Code 28570	Transaction ID : 6e66b983-e910-4880-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			31.79		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Larry Freeman		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014	
Mailing Address 11214 Mesa drive		Amount 35.00	
City Little rock	State AR	Zip Code 72211	Transaction ID : 57d68b01-9e01-4d7c-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	43.73
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 923 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee John Voholetz		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014
Mailing Address 718 N MacMillan Avenue		Amount 50.00
City Wilmington	State NC	Zip Code 28803
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 80296ef2-a1cd-4780-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee John Voholetz		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014
Mailing Address 718 N MacMillan Avenue		Amount 6.00
City Wilmington	State NC	Zip Code 28803
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 0e98de15-b5e5-45ed-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	56.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

Full Name of Payee Ralphie Lockhart		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014	
Mailing Address 6310 Col Glenn Rd		Amount 6.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 98f5d7fb-313a-4ec7-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	46.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Rebecca Deucher		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014	
Mailing Address 4800 Vass Carthage Rd		Amount 13.35	
City Carthage	State NC	Zip Code 28394	Transaction ID : 6540122b-2f92-4cd1-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		53.35
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 926 OF 1704
 FOR LINE 24 OF FORM 3X

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 Carmen Maddrey		Date of Public Distribution/Dissemination MM / DD / YYYY 07 18 2014	
Mailing Address 2043 Nottingham Ln		Amount 30.00	
City Burlington	State NC	Zip Code 27215	Transaction ID : 90413c5e-c468-4ef4-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 18 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Carmen Maddrey		Date of Public Distribution/Dissemination MM / DD / YYYY 07 18 2014	
Mailing Address 2043 Nottingham Ln		Amount 2.10	
City Burlington	State NC	Zip Code 27215	Transaction ID : f939a6a5-8715-4932-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 18 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	32.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY

01

30

2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 927 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014		
Mailing Address 2320 Saint Nick Dr			Amount 240.00		
City New Orleans	State LA	Zip Code 70131	Transaction ID : 9e316b28-6c63-44f4-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014		
Mailing Address 2320 Saint Nick Dr			Amount 9.00		
City New Orleans	State LA	Zip Code 70131	Transaction ID : f5291cbb-dfff-44d6-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			249.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

Full Name of Payee Mr. Alex Peyton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014	
Mailing Address 859 Hicks Rd		Amount 20.00	
City Washington	State LA	Zip Code 70589	Transaction ID : 5e0342a6-cc8b-4773-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 929 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mr. Alex Peyton			Date of Public Distribution/Dissemination 07 / 18 / 2014		
Mailing Address 859 Hicks Rd			Amount 15.90		
City State Zip Code Washington LA 70589		Transaction ID : 3b537ba4-f4ca-4358-a Date of Disbursement or Obligation 07 / 18 / 2014			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Jessica Habakjian			Date of Public Distribution/Dissemination 07 / 18 / 2014		
Mailing Address 4193 W. Lang St			Amount 45.00		
City State Zip Code Farmville NC 27828		Transaction ID : 01bc7014-876a-41b9-8 Date of Disbursement or Obligation 07 / 18 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			60.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 930 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jessica Habakjian			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014		
Mailing Address 4193 W. Lang St			Amount 9.00		
City Farmville		State NC	Zip Code 27828		Transaction ID : feac1be7-d635-40aa-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Barbara A Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014		
Mailing Address 3002 Darden Rd Apt A			Amount 85.00		
City Greensboro		State NC	Zip Code 27407		Transaction ID : 3f9cf170-1657-4dee-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			94.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

Full Name of Payee Robin L Bennett			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014		
Mailing Address 3505 Beaumont St Apt 13D			Amount 36.90		
City Neosho	State MO	Zip Code 64850	Transaction ID : dd4d5769-4e85-4907-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	96.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014	
Mailing Address 2002 E Park Ave Apt 40		Amount 81.90	
City	State	Zip Code	Transaction ID : e245932a-fb40-4404-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1122 1650 1360 1656"> <tr> <td data-bbox="1122 1650 1360 1656">141.90</td></tr> </table>	141.90
141.90		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1122 1656 1360 1661"> <tr> <td data-bbox="1122 1656 1360 1661"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1122 1661 1360 1669"> <tr> <td data-bbox="1122 1661 1360 1669"></td></tr> </table>	

Signature

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 15.60	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 23c4cf01-37cf-4c54-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	75.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

01 / 30 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 934 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination 07 / 18 / 2014		
Mailing Address 205 Medallion Circle			Amount 80.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 9a23b7a0-a48c-4e5d-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 18 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination 07 / 18 / 2014		
Mailing Address 205 Medallion Circle			Amount 26.10		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 39607467-a4d6-43cf-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 18 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			106.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 935 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014	
Mailing Address 1434 South Avenue		Amount 70.00	
City Eden	State NC	Zip Code 27288	Transaction ID : 53fc6fd0-deb1-4a0f-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014	
Mailing Address 1434 South Avenue		Amount 9.30	
City Eden	State NC	Zip Code 27288	Transaction ID : 3194a935-902c-45a4-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		79.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 1.80	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 0cdec90f-9e38-4895-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	21.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Date _____

Signature

Three examples of 1D barcodes are shown, each with a label above it: MM01, DD30, and YYYY2015. The MM01 barcode has two 'M' labels above the first two bars. The DD30 barcode has two 'D' labels above the first two bars. The YYYY2015 barcode has four 'Y' labels above the first four bars.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 937 OF 1704
 FOR LINE 24 OF FORM 3X

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 Lesley Lennox		Date of Public Distribution/Dissemination MM / DD / YYYY 07 18 2014	
Mailing Address 2305 Cleary Ave		Amount 20.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : c16459a6-f49e-4951-a Date of Disbursement or Obligation MM / DD / YYYY 07 18 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination MM / DD / YYYY 07 18 2014	
Mailing Address 2305 Cleary Ave		Amount 0.60	
City Metairie	State LA	Zip Code 70001	Transaction ID : f0786ba7-22d7-4630-8 Date of Disbursement or Obligation MM / DD / YYYY 07 18 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	20.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY

01

30

2015

Signature

Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : f76aed07-f8d9-46d8-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 939 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination 07 / 18 / 2014	
Mailing Address 2090 Fancy Gap Rd			Amount 60.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 01877076-d550-4811-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination 07 / 18 / 2014	
Mailing Address 2090 Fancy Gap Rd			Amount 15.60	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 35fbaf0d-60c6-4591-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 941 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cassidy Quartararo			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014		
Mailing Address 632 Cameron Court			Amount 25.00		
City Kenner		State LA	Zip Code 70065		Transaction ID : 4e5de57b-73df-4dee-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cassidy Quartararo			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014		
Mailing Address 632 Cameron Court			Amount 2.43		
City Kenner		State LA	Zip Code 70065		Transaction ID : 046868f7-de8d-4745-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			27.43		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 942 OF 1704
 FOR LINE 24 OF FORM 3X

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 Sarinda S Dudley			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014		
Mailing Address 4367 Splitlog Rd			Amount 110.00		
City Goodman	State MO	Zip Code 64843	Transaction ID : 9d0cd399-59fc-4bf5-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Sarinda S Dudley			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014		
Mailing Address 4367 Splitlog Rd			Amount 23.70		
City Goodman	State MO	Zip Code 64843	Transaction ID : 04516a28-682a-4e54-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	133.70
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 943 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY / / MM / DD / YYYY / /	

Full Name of Payee Alexa S Dudley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014	
Mailing Address 4367 Splitlog Rd		Amount 110.00	
City Goodman	State MO	Zip Code 64843	Transaction ID : 8b253f83-37d8-4975-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Timothy Foley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014	
Mailing Address 20679 Glenbrook Terrace		Amount 80.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : 880c8f1f-2d52-45d8-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	190.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Bradley K Kissinger		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014	
Mailing Address 3113 Imperial Valley Dr.		Amount 3.60	
City Little Rock	State AR	Zip Code 72212	Transaction ID : e6570302-dd02-4422-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	28.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 945 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 07 / 18 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 45.00		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 2168e8c7-24ad-4036-8 Date of Disbursement or Obligation 07 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 07 / 18 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 4.80		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 2c70f554-4e2a-4955-b Date of Disbursement or Obligation 07 / 18 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			49.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 946 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Reagan Brackett			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014		
Mailing Address 502 E Center Ave			Amount 80.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : fe991b74-35fb-4ba8-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014		
Mailing Address 220 Doucet Rd			Amount 30.00		
City Lafayette		State LA	Zip Code 70503		Transaction ID : 7b1b0b6e-2827-497c-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			110.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014	
Mailing Address 3007 Darden Rd		Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 086675bc-fa29-43e7-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

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.

Three examples of 1D barcodes are shown, each with a label above it: MM01, DD30, and YYYY2015. The MM01 barcode has two 'M' labels above the first two bars. The DD30 barcode has two 'D' labels above the first two bars. The YYYY2015 barcode has four 'Y' labels above the first four bars.

Full Name of Payee Beverly Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014	
Mailing Address 3007 Darden Rd		Amount 90.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 780c6170-d78d-4f8e-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	109.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 949 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Petrina Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014
Mailing Address 3007 Darden Rd		Amount 87.00
City Greensboro	State NC	Zip Code 27407
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : d77a859f-a979-471e-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Petrina Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014
Mailing Address 3007 Darden Rd		Amount 31.50
City Greensboro	State NC	Zip Code 27407
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : f69310cc-d19e-4174-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	118.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

Full Name of Payee Elizabeth Hanks		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014	
Mailing Address 891 W. Melmar		Amount 5.70	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : c2e4eab9-bc34-48c5-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	30.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 951 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014
Mailing Address 112 apache Dr		Amount 70.00
City Search	State AR	Zip Code 72149
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014
Mailing Address 112 apache Dr		Amount 70.50
City Search	State AR	Zip Code 72149
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	140.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 952 OF 1704
FOR LINE 24 OF FORM 3X

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			MM / DD / YYYY	
Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014		
Mailing Address 6412 Osage Dr		Amount 5.00		
City North Little rock	State AR	Zip Code 72116	Transaction ID : 1c2d2eb8-1e45-47ea-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014		
Mailing Address 6412 Osage Dr		Amount 22.20		
City North Little rock	State AR	Zip Code 72116	Transaction ID : 6ba2d489-3f8c-4268-8	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		27.20		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) 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.				
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015		
		[Electronically Filed]		

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 1.80	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 8e9c024e-b1dd-4e13-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	21.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 954 OF 1704
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Lisa A Hackett			Date of Public Distribution/Dissemination 07 19 2014		
Mailing Address 137 S Palm ST			Amount 20.00		
City Winnabow	State NC	Zip Code 28479	Transaction ID : b5f99773-6dac-4e2c-9 Date of Disbursement or Obligation 07 19 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Lisa A Hackett			Date of Public Distribution/Dissemination 07 19 2014		
Mailing Address 137 S Palm ST			Amount 1.23		
City Winnabow	State NC	Zip Code 28479	Transaction ID : 6a1e3d33-34aa-44ac-a Date of Disbursement or Obligation 07 19 2014		
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	21.23
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

01

30

2015

Signature

Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014		
Mailing Address Split Oak Drive			Amount 35.00		
City charlotte	State NC	Zip Code 28227	Transaction ID : 2647b820-7d78-4fad-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 956 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 19 / 2014		
Mailing Address Split Oak Drive			Amount 22.83		
City charlotte		State NC	Zip Code 28227		Transaction ID : 29d3f1cc-caa5-4104-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Damian B Robinson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 19 / 2014		
Mailing Address 701 Green Mountain Dr Apt 1312			Amount 20.00		
City Little Rock		State AR	Zip Code 72211		Transaction ID : e2a272d3-8870-479d-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292434.22 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42.83		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 957 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M D D D Y Y Y Y Y Y					
Full Name of Payee Damian B Robinson			Date of Public Distribution/Dissemination 07 19 2014		
Mailing Address 701 Green Mountain Dr Apt 1312			Amount 4.20		
City Little Rock		State AR	Zip Code 72211		Transaction ID : a174c3f6-d736-4d0a-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 07 19 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Larry Freeman			Date of Public Distribution/Dissemination 07 19 2014		
Mailing Address 11214 Mesa drive			Amount 20.00		
City Little rock		State AR	Zip Code 72211		Transaction ID : 5c2687ef-001e-4e01-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 07 19 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			24.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 30 2015		

[Electronically Filed]

Full Name of Payee Amy E Bancroft		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014	
Mailing Address 4106 Sterling Trace		Amount 14.50	
City Winterville	State NC	Zip Code 28590	Transaction ID : 1864b834-93e1-4f2e-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	34.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 959 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Amy E Bancroft			Date of Public Distribution/Dissemination 07 / 19 / 2014	
Mailing Address 4106 Sterling Trace			Amount 2.70	
City Winterville	State NC	Zip Code 28590	Transaction ID : a3b8467b-3575-45d7-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination 07 / 19 / 2014	
Mailing Address 2134 Tobaccoville Rd			Amount 30.00	
City Rural Hall	State NC	Zip Code 27045	Transaction ID : 87a7dc9f-50a3-42e8-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			32.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date 01 / 30 / 2015	
Signature _____				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 960 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 07 / 19 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 30.00		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : bef5aea4-5b5d-4c7a-9
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation 07 / 19 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 07 / 19 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 11.55		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 38b495a2-32c3-40cc-a
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation 07 / 19 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			41.55		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	
Signature					

Full Name of Payee Andrea L Hammond		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014	
Mailing Address 12920 Kneeland Ln		Amount 50.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : 8734f9cd-2ba7-48a3-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 962 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Andrea L Hammond		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014	
Mailing Address 12920 Kneeland Ln		Amount 36.90	
City Neosho	State MO	Zip Code 64850	Transaction ID : 40a4f1d5-6540-476f-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Peter Sahuc		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014	
Mailing Address 107 Phillip Ave		Amount 20.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 8f6f5fe8-c522-4295-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		56.90	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Sarinda S Dudley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014	
Mailing Address 4367 Splitlog Rd		Amount 20.00	
City Goodman	State MO	Zip Code 64843	Transaction ID : d6eb9e37-f8b6-4e27-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	21.29
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 964 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Sarinda S Dudley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014
Mailing Address 4367 Splitlog Rd		Amount 27.00
City Goodman	State MO	Zip Code 64843
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : e10c0e45-2d17-4635-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Alexa S Dudley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014
Mailing Address 4367 Splitlog Rd		Amount 20.00
City Goodman	State MO	Zip Code 64843
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 6ba76f55-68ee-40b5-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	47.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Dylan Simon		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014	
Mailing Address 111 Millrock Drive		Amount 6.30	
City Lafayette	State LA	Zip Code 70508	Transaction ID : be862d0b-835f-4129-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	26.63
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 966 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee James W Blevins		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014	
Mailing Address 108 East Clinton St PO Box 410		Amount 35.00	
City Salemberg	State NC	Zip Code 28385	Transaction ID : dbc6c19-cacd-44a0-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee James W Blevins		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014	
Mailing Address 108 East Clinton St PO Box 410		Amount 7.38	
City Salemberg	State NC	Zip Code 28385	Transaction ID : a39c713b-717d-4e56-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		42.38	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014	
Mailing Address 3300 Asher Ave		Amount 13.20	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 4ded3c73-6a56-4c7a-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	73.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 5.40	
City New Orleans	State LA	Zip Code 70131	Transaction ID : b4c6bfe9-75b4-4002-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	115.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 969 OF 1704
 FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY / / MM / DD / YYYY / /	

Full Name of Payee Barbara A Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014	
Mailing Address 3002 Darden Rd Apt A		Amount 106.50	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 1996b555-bc9b-4562-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014	
Mailing Address 6412 Osage Dr		Amount 65.00	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 9a13dd8a-397e-4efb-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	171.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

Full Name of Payee Cory Bryson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014	
Mailing Address 216 Dogwood Ln		Amount 95.00	
City Belmont	State NC	Zip Code 28012	Transaction ID : 4aa37025-9c0c-40d7-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	111.14
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014	
Mailing Address 220 Doucet Rd		Amount 25.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 129c3c6e-845e-4196-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	59.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 972 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 19 / 2014	
Mailing Address 220 Doucet Rd		Amount 1.68	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 31830686-f169-400b-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: House		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 19 / 2014	
Mailing Address 1025 Cayley Ct		Amount 50.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 084cb9fc-dc9f-4e15-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: House		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		51.68	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014	
Mailing Address 1025 Cayley Ct		Amount 55.00	
City High Point	State NC	Zip Code 27260	Transaction ID : df6d2d63-b31e-4ec0-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Three 7-segment displays are shown, each with a different date format. The first display shows '01' with 'M' above the top-left and top-right segments. The second display shows '30' with 'D' above the top-left and top-right segments. The third display shows '2015' with 'Y' above each of the four digit segments.

Full Name of Payee Amelia Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014	
Mailing Address 804 Roundabout Circle		Amount 80.00	
City	State	Zip Code	Transaction ID : dc8fe543-cf4a-4143-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	92.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 975 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Reagan Brackett			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 19 / 2014		
Mailing Address 502 E Center Ave			Amount 80.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : e0c59a87-1956-4cf5-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292434.22 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Reagan Brackett			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 19 / 2014		
Mailing Address 502 E Center Ave			Amount 80.25		
City Searcy		State AR	Zip Code 72143		Transaction ID : 53ec9298-6819-4217-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292434.22 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			160.25		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 60.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : afe96c96-b954-4c2d-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) **SUBTOTAL** of Itemized Independent Expenditures..... ➤  120.00

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

(c) **TOTAL** Independent Expenditures..... ➤ 

Signature

Full Name of Payee OBrian Price		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014	
Mailing Address 2400 Covenant Cove		Amount 25.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : cd1f1402-ca6f-4641-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee OBrian Price		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014	
Mailing Address 2400 Covenant Cove		Amount 6.60	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 085e231f-5cb3-47e1-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	31.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 978 OF 1704
 FOR LINE 24 OF FORM 3X

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 <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M					D	D					Y	Y	Y	Y	Y	Y						
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Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>07</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>19</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2014		M	M		07			D	D		19			Y	Y	Y	Y	Y	Y						
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City Greensboro	State NC	Zip Code 27407	Transaction ID : 4867f80e-0455-416c-9																								
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Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC																								
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶																									

Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>07</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>19</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2014		M	M		07			D	D		19			Y	Y	Y	Y	Y	Y						
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					19.50																						
City Greensboro	State NC	Zip Code 27407	Transaction ID : 8949eec2-e622-490e-b																								
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>07</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>19</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2014	M	M		07			D	D		19			Y	Y	Y	Y	Y	Y						
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Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC																								
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶																									

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>122.00</td></tr> </table>												122.00
					122.00								
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>												
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>												

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.

Ms. Emily Buchanan

[Electronically Filed]

Date

M	M	
01		

 /

D	D	
30		

 /

Y	Y	Y	Y	Y	Y

 2015

Signature

Full Name of Payee Lily Green		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014	
Mailing Address 205 Medallion Circle		Amount 80.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 24925650-d901-41d1-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
District: 00 State: LA		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		554635.78	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	182.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

Full Name of Payee Petrina Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014	
Mailing Address 3007 Darden Rd		Amount 110.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : edf1f602-af4b-4522-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1501 1364 1507"> <tr> <td data-bbox="1102 1501 1364 1507">129.50</td></tr> </table>	129.50
129.50		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1102 1507 1364 1512"> <tr> <td data-bbox="1102 1507 1364 1512"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1512 1364 1520"> <tr> <td data-bbox="1102 1512 1364 1520"></td></tr> </table>	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 981 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Petrina Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 19 / 2014	
Mailing Address 3007 Darden Rd		Amount 27.60	
City Greensboro	State NC	Zip Code 27407	Transaction ID : bbd6bc53-70ad-4d1b-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Earl Stewart		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 19 / 2014	
Mailing Address 9455 Snow Camp Road		Amount 60.00	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : bb197cec-b44d-4e4c-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		87.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

Full Name of Payee Robin L Bennett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014	
Mailing Address 3505 Beaumont St Apt 13D		Amount 20.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : b6401d85-ea6b-4e99-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	27.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 983 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Robin L Bennett			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 19 / 2014		
Mailing Address 3505 Beaumont St Apt 13D			Amount 28.50		
City Neosho		State MO	Zip Code 64850		Transaction ID : d656c6fa-8859-47f3-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 19 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 50.00		
City Mt. Airy		State NC	Zip Code 27030		Transaction ID : 30539627-61f9-40ef-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			78.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 984 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 13.56		
City Mt. Airy		State NC	Zip Code 27030		Transaction ID : 2fd5f772-c8a8-4104-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC		
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014		
Mailing Address 12920 Kneeland Ln			Amount 30.00		
City Neosho		State MO	Zip Code 64850		Transaction ID : d3f5e6ef-2289-4438-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR		
Calendar Year-To-Date Per Election for Office Sought			292434.22 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			43.56		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date MM / DD / YYYY 01 / 30 / 2015		
[Electronically Filed]					

Full Name of Payee Danielle Landry		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 20 / 2014	
Mailing Address 1089 Oleste Tausin Road		Amount 40.00	
City Breaux Bridge	State LA	Zip Code 70517	Transaction ID : 55ebb87e-1741-43bd-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 20 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	73.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Date _____

Signature

Full Name of Payee Danielle Landry		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 20 / 2014	
Mailing Address 1089 Oleste Tauzin Road		Amount 14.40	
City Breaux Bridge	State LA	Zip Code 70517	Transaction ID : aab14f5e-ac36-4944-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 20 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Mr. Alex Peyton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 20 / 2014	
Mailing Address 859 Hicks Rd		Amount 70.00	
City Washington	State LA	Zip Code 70589	Transaction ID : 3a15425b-89b2-4b12-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 20 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014	☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	84.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 987 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mr. Alex Peyton			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 20 / 2014		
Mailing Address 859 Hicks Rd			Amount 37.50		
City Washington		State LA	Zip Code 70589		Transaction ID : e2333d8f-f268-4b02-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Vonniqua Jackson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 20 / 2014		
Mailing Address 111 Westchester Blvd Apt D4			Amount 13.00		
City Slidell		State LA	Zip Code 70458		Transaction ID : d6ea1511-29ac-4e1f-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			50.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 988 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Ralphie Lockhart		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 20 / 2014	
Mailing Address 6310 Col Glenn Rd		Amount 50.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 35ae71bb-6ce3-4ddc-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Larry Freeman		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 20 / 2014	
Mailing Address 11214 Mesa drive		Amount 60.00	
City Little rock	State AR	Zip Code 72211	Transaction ID : 373ffd03-6a4a-4583-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		110.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee OBrian Price		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 20 / 2014	
Mailing Address 2400 Covenant Cove		Amount 80.40	
City Little Rock	State AR	Zip Code 72204	Transaction ID : ada51394-b6dd-42f7-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
		140.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 990 OF 1704
FOR LINE 24 OF FORM 3X

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			MM / DD / YYYY	
Full Name of Payee Elizabeth Hanks		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 20 / 2014		
Mailing Address 891 W. Melmar		Amount 25.00		
City Fayetteville	State AR	Zip Code 72703	Transaction ID : 78b15168-7639-48c3-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Elizabeth Hanks		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 20 / 2014		
Mailing Address 891 W. Melmar		Amount 3.60		
City Fayetteville	State AR	Zip Code 72703	Transaction ID : 8d7a380b-c767-48cf-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		28.60		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Lily Green		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 20 / 2014	
Mailing Address 205 Medallion Circle		Amount 21.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : e72cad10-1f4a-4e23-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 20 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	101.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 20 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 3.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 1c14c095-18a7-4ba5-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 20 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	53.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 20 / 2014		
Mailing Address 1434 South Avenue			Amount 10.20		
City Eden	State NC	Zip Code 27288	Transaction ID : b70dd9ee-8980-4b34-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 20 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		
			District: 00 State: NC		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	110.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 994 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 20 / 2014		
Mailing Address 6412 Osage Dr			Amount 45.00		
City North Little rock		State AR	Zip Code 72116		Transaction ID : fc477ae4-3310-4a6c-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 20 / 2014		
Mailing Address 6412 Osage Dr			Amount 8.67		
City North Little rock		State AR	Zip Code 72116		Transaction ID : 23e16854-e0bc-4643-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.67		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 20 / 2014		
Mailing Address 220 Doucet Rd			Amount 1.32		
City Lafayette	State LA	Zip Code 70503	Transaction ID : b0a124ba-cbda-4232-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 20 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	26.32
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

01 / 30 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 20 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 4.20	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 05d51fbe-5b29-448f-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 997 OF 1704
FOR LINE 24 OF FORM 3X

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			MM / DD / YYYY	
Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 20 / 2014		
Mailing Address 1025 Cayley Ct		Amount 70.00		
City High Point	State NC	Zip Code 27260	Transaction ID : 10323328-125b-4082-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 20 / 2014		
Mailing Address 1025 Cayley Ct		Amount 15.30		
City High Point	State NC	Zip Code 27260	Transaction ID : 3de2064e-e0a6-4460-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		85.30		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 998 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 20 / 2014	
Mailing Address 1025 Cayley Ct			Amount 75.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 8dbfc1a3-464d-4b84-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 20 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 20 / 2014	
Mailing Address 1025 Cayley Ct			Amount 13.80	
City High Point	State NC	Zip Code 27260	Transaction ID : 28ab5ec9-ef5e-423c-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 20 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			88.80	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015	
Signature				

Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 105 South Dale St		Amount 17.10	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : d86cd4b8-7360-42b7-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Gabriella E Hansen		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 310 West Meath Drive		Amount 20.00	
City Winterville	State NC	Zip Code 28590	Transaction ID : 63266937-54f6-41ce-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	65.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Date _____

Signature

Three 7-segment displays are shown, each with a different format: MM/DD/YYYY. The first display shows '01' for the month and '30' for the day. The second display shows '2015' for the year. The third display shows '01' for the month, '30' for the day, and '2015' for the year.

Full Name of Payee Anthony Buchanan		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 1090 McHone Rd		Amount 45.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : cffb5482-6d0e-495d-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Other (specify) ☒ General	

Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014		
Mailing Address 1410 Bushville drive			Amount 100.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : a282c438-3b6c-4974-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1101 1648 1360 1654"> <tr> <td data-bbox="1101 1648 1360 1654">145.00</td></tr> </table>	145.00
145.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1101 1654 1360 1659"> <tr> <td data-bbox="1101 1654 1360 1659"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1101 1659 1360 1667"> <tr> <td data-bbox="1101 1659 1360 1667"></td></tr> </table>	

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.

Date _____

Signature

01 / 30 / 2015

Full Name of Payee Morgan R Padgett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 2164 Kay Rd		Amount 20.00	
City Greenville	State NC	Zip Code 27858	Transaction ID : e90c1959-af32-4f0e-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	35.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1003 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Morgan R Padgett			Date of Public Distribution/Dissemination 07 / 21 / 2014		
Mailing Address 2164 Kay Rd			Amount 5.40		
City Greenville	State NC	Zip Code 27858	Transaction ID : 7ef2aa00-33bd-4af1-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 21 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Virginia M Stevens			Date of Public Distribution/Dissemination 07 / 21 / 2014		
Mailing Address 1691 Fork Mtn Rd			Amount 50.00		
City Bakersville	State NC	Zip Code 28705	Transaction ID : 5a36b56e-1812-43ee-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 21 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			55.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Ms. Emily Buchanan		[Electronically Filed]	Date 01 / 30 / 2015		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1004 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Virginia M Stevens			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 1691 Fork Mtn Rd			Amount 16.20	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 108cff7a-ed32-460b-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 44 Bell Street Ext			Amount 50.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : b729c543-07c4-406e-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			66.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015	
Signature				

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address Split Oak Drive		Amount 55.00	
City charlotte	State NC	Zip Code 28227	Transaction ID : 74c9dd0b-5e26-4203-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	71.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1006 OF 1704
 FOR LINE 24 OF FORM 3X

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 Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address Split Oak Drive		Amount 23.97	
City charlotte	State NC	Zip Code 28227	Transaction ID : 7a44b937-86b4-45d0-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Rebecca Deucher		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 4800 Vass Carthage Rd		Amount 55.00	
City Carthage	State NC	Zip Code 28394	Transaction ID : 6b833e31-4e65-4059-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	78.97
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1007 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	

Full Name of Payee Rebecca Deucher		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 4800 Vass Carthage Rd		Amount 26.40	
City Carthage	State NC	Zip Code 28394	Transaction ID : d7f35853-58c4-4464-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Francesca Blom		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 101 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 4f69a1f7-1525-44ea-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	106.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 3.00		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 529fa593-da87-4c25-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	8.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

01 / 30 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1010 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Donald Dessauer			Date of Public Distribution/Dissemination 07 / 21 / 2014		
Mailing Address 1804 Auburn Ave			Amount 15.00		
City Metaire	State LA	Zip Code 70003	Transaction ID : b0e4dc2b-7289-4622-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 21 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Donald Dessauer			Date of Public Distribution/Dissemination 07 / 21 / 2014		
Mailing Address 1804 Auburn Ave			Amount 0.30		
City Metaire	State LA	Zip Code 70003	Transaction ID : 0b40b148-cecc-4f60-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 21 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			15.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1011 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Dylan Simon			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2014	
Mailing Address 111 Millrock Drive			Amount 41.83	
City Lafayette	State LA	Zip Code 70508	Transaction ID : 14bd895c-a8f2-4bbd-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Dylan Simon			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2014	
Mailing Address 111 Millrock Drive			Amount 5.19	
City Lafayette	State LA	Zip Code 70508	Transaction ID : 19c2cd30-6d26-450e-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47.02	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Ms. Chassidy Menard		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 515 Walter Dr.		Amount 5.10	
City Lafayette	State LA	Zip Code 70507	Transaction ID : 041cac4c-1b88-43ed-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	65.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Ky Broussard		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 301 N Cedar Street		Amount 12.90	
City Abbeville	State LA	Zip Code 70510	Transaction ID : c5e8f837-d8bb-4596-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	42.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Solveig Lysne			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014		
Mailing Address 7121 Oyster Lane			Amount 11.01		
City Wilmington	State NC	Zip Code 28411	Transaction ID : d7a3c1b3-ed55-4370-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.31
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1015 OF 1704
 FOR LINE 24 OF FORM 3X

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 Sharon Lloyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 4301 Lankford		Amount 85.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : 534093a8-9b5b-449d-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Sharon Lloyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 4301 Lankford		Amount 1.98	
City Springdale	State AR	Zip Code 72762	Transaction ID : b337d304-76e4-408d-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	86.98
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Felice Barrett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 1588 Asbury		Amount Amount 13.80	
City Springdale	State AR	Zip Code 72762	Transaction ID : f15b4023-d7f4-4640-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Amount 292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	98.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1017 OF 1704
FOR LINE 24 OF FORM 3X

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 Melanie Slagle			Date of Public Distribution/Dissemination / /		
Mailing Address 77 Southridge Drive			Amount 4.50		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 8bdb46de-585d-45c7-a Date of Disbursement or Obligation / /		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Melanie Slagle			Date of Public Distribution/Dissemination / /		
Mailing Address 77 Southridge Drive			Amount 2.40		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 84d8c1b3-f211-43c5-9 Date of Disbursement or Obligation / /		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			6.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date / / 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1018 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Peter Sahuc			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014		
Mailing Address 107 Phillip Ave			Amount 30.00		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 49d2ef4c-1e30-44fc-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Peter Sahuc			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014		
Mailing Address 107 Phillip Ave			Amount 2.55		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 1f90fcf2-b304-467b-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			32.55		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1019 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination 07 / 21 / 2014	
Mailing Address 205 Medallion Circle			Amount 50.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 71456ff8-9eb9-4884-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination 07 / 21 / 2014	
Mailing Address 205 Medallion Circle			Amount 22.50	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 0314fc05-ce16-4b7b-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

Full Name of Payee Sherri Zerbel		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 804 Mary Ave		Amount 25.50	
City Neasho	State MO	Zip Code 64850	Transaction ID : 799063dc-552b-4d58-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	88.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Danielle Landry			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014		
Mailing Address 1089 Oleste Tauzin Road			Amount 9.30		
City Breux Bridge	State LA	Zip Code 70517	Transaction ID : 58f932ee-df62-41df-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Emily Butler		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 1676 Shady Creek Rd		Amount 6.18	
City Ayden	State NC	Zip Code 28513	Transaction ID : 22e2cf8b-e7a5-4dec-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		16.18
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1024 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mr. Alex Peyton			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2014		
Mailing Address 859 Hicks Rd			Amount 80.00		
City Washington		State LA	Zip Code 70589		Transaction ID : 85acbb2e-56bc-4705-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mr. Alex Peyton			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2014		
Mailing Address 859 Hicks Rd			Amount 39.60		
City Washington		State LA	Zip Code 70589		Transaction ID : 0532d6c4-b305-4865-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			119.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
			[Electronically Filed]		

Full Name of Payee Theresa A Touchet			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014		
Mailing Address 102 French Street #3			Amount 0.75		
City New Orleans	State LA	Zip Code 70124	Transaction ID : 6d2a421e-cd72-4d5c-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	10.75
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 2305 Cleary Ave		Amount 20.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : d3c6cb4a-d008-40ca-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 2305 Cleary Ave		Amount 1.50	
City Metairie	State LA	Zip Code 70001	Transaction ID : a78867a4-102e-47f2-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	21.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1027 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination 07 / 21 / 2014		
Mailing Address 20679 Glenbrook Terrace			Amount 60.00		
City Sterling		State VA	Zip Code 20165		Transaction ID : 00addf72-dd86-41c3-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 07 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Brian Saltzler			Date of Public Distribution/Dissemination 07 / 21 / 2014		
Mailing Address 601 S College Road			Amount 12.50		
City Wilmington		State NC	Zip Code 28403		Transaction ID : 0ab35fd7-5715-45ba-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 07 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1028 OF 1704
 FOR LINE 24 OF FORM 3X

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 Brian Saltzler		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 601 S College Road		Amount 1.80	
City Wilmington	State NC	Zip Code 28403	Transaction ID : b364878c-ed9d-4ebc-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Amy Eddie		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 5006 Lakeview Road		Amount 20.00	
City North Little Rock	State AR	Zip Code 72116	Transaction ID : fba9f03b-b89e-466d-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	21.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1029 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Amy Eddie			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2014		
Mailing Address 5006 Lakeview Road			Amount 2.40		
City North Little Rock		State AR	Zip Code 72116		Transaction ID : 12082021-57a3-4b8e-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 40.00		
City Mandeville		State LA	Zip Code 70471		Transaction ID : 4fa1a7dd-59a9-43ab-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			42.40		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1030 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 3.60	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 5b32a5e0-3f6d-4d4a-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2014	
Mailing Address 100 Asbury Ct		Amount 60.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 96b4af88-36f6-4e3a-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		63.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1031 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination 07 / 21 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 60.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 5d929bc5-d015-4091-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 07 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination 07 / 21 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 20.00		
City Ville Platte		State LA	Zip Code 70586		Transaction ID : aaf41c75-3a39-40bd-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 07 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			80.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date 01 / 30 / 2015		
[Electronically Filed]					

Full Name of Payee Diane Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 4006 Wolkswalk Place		Amount 30.00	
City Raleigh	State NC	Zip Code 27610	Transaction ID : 1598c698-b1c3-419e-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	70.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1033 OF 1704
 FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014		
Mailing Address 4006 Wolkswalk Place			Amount 6.30		
City Raleigh	State NC	Zip Code 27610	Transaction ID : 22c63351-34ce-40e1-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014		
Mailing Address 6412 Osage Dr			Amount 25.00		
City North Little rock	State AR	Zip Code 72116	Transaction ID : f4db0725-ec12-4bae-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			31.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1034 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 6412 Osage Dr		Amount 11.46	
City North Little rock	State AR	Zip Code 72116	Transaction ID : ab8ccd2d-ed36-42ae-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Anna Harris		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 3654 Tara St		Amount 30.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : b32a3e6d-5117-4739-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	41.46
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1035 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Anna Harris			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014		
Mailing Address 3654 Tara St			Amount 7.20		
City Springdale	State AR	Zip Code 72762	Transaction ID : d4de9a7f-17ad-4ebe-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Larry Freeman			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014		
Mailing Address 11214 Mesa drive			Amount 25.00		
City Little rock	State AR	Zip Code 72211	Transaction ID : 958c5aff-1c53-4a6f-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			32.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1036 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 21 / 2014	
Mailing Address 220 Doucet Rd			Amount 40.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 22ab91ec-07ba-4d86-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 21 / 2014	
Mailing Address 220 Doucet Rd			Amount 5.61	
City Lafayette	State LA	Zip Code 70503	Transaction ID : a194ef20-bdab-444e-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			45.61	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1037 OF 1704
 FOR LINE 24 OF FORM 3X

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 OBrian Price		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 2400 Covenant Cove		Amount 25.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 8c2007b5-42ca-4542-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee OBrian Price		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 2400 Covenant Cove		Amount 11.13	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 2e1e7261-b961-4f24-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	36.13
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1038 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Damian B Robinson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2014		
Mailing Address 701 Green Mountain Dr Apt 1312			Amount 20.00		
City Little Rock		State AR	Zip Code 72211		Transaction ID : db0ff710-bdac-4ea2-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Damian B Robinson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2014		
Mailing Address 701 Green Mountain Dr Apt 1312			Amount 2.40		
City Little Rock		State AR	Zip Code 72211		Transaction ID : bffda05-d9f0-4dd2-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			22.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 22.53	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 46dc167b-6d95-46a5-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	112.53
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Signature

Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 407 randall Dr		Amount 85.80	
City	State	Zip Code	Transaction ID : d5c56fc3-2f45-49bc-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	165.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 1700 E Part Ave		Amount 80.88	
City Searcy	State AR	Zip Code 72149	Transaction ID : 541e3d04-7961-41b6-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	142.48
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Andrea L Hammond		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 12920 Kneeland Ln		Amount 55.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : 2b1c82f6-37d7-47ee-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Andrea L Hammond		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 12920 Kneeland Ln		Amount 41.10	
City Neosho	State MO	Zip Code 64850	Transaction ID : d0e814da-4ca1-40c2-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	96.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1044 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination 07 / 21 / 2014		
Mailing Address 915 E Market Ave			Amount 70.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : ff3b7c55-d93a-4fa9-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 21 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination 07 / 21 / 2014		
Mailing Address 915 E Market Ave			Amount 34.80		
City Searcy	State AR	Zip Code 72149	Transaction ID : 33e11215-adae-420b-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 21 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			104.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Ms. Dinah Beverly		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 157 Bishop Drive		Amount 45.00	
City Avondale	State LA	Zip Code 70064	Transaction ID : b6fd34db-49ba-4510-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 15.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 3a92f580-d34f-49b1-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014	☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	19.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1047 OF 1704
 FOR LINE 24 OF FORM 3X

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 Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 3.90	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 3a2ea4b0-d6af-4544-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 3007 Darden Rd		Amount 100.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 160a41d0-dbe5-4345-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	103.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1048 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014		
Mailing Address 3007 Darden Rd			Amount 48.60		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 9b60004d-f8b9-459b-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014		
Mailing Address 3007 Darden Rd			Amount 102.50		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 76ca7b31-f48f-425f-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			151.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Jennifer Susky		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 1117 Shadow Lane		Amount 1.65	
City Benton	State AR	Zip Code 72015	Transaction ID : 9c83a9ee-087f-4ef3-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	14.15
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1050 OF 1704
 FOR LINE 24 OF FORM 3X

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 Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 1025 Cayley Ct		Amount 40.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 3f862d56-b901-4a5e-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 1025 Cayley Ct		Amount 11.40	
City High Point	State NC	Zip Code 27260	Transaction ID : 4317648d-452c-4f20-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	51.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 1025 Cayley Ct		Amount 14.10	
City High Point	State NC	Zip Code 27260	Transaction ID : 0a90a3b2-6d13-4872-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	69.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 2002 E Park Ave Apt 40		Amount 94.26	
City	State	Zip Code	Transaction ID : c1d1f477-3aa7-426e-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	189.26
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1053 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Tabetha D Espenschied			Date of Public Distribution/Dissemination 07 / 21 / 2014		
Mailing Address 2002 East Park Ave Apt 40			Amount 50.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : f8839bf3-d73b-43fc-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 07 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Charity Zerbel			Date of Public Distribution/Dissemination 07 / 21 / 2014		
Mailing Address 804 Mary Ave			Amount 62.50		
City Neosho		State MO	Zip Code 64850		Transaction ID : adf5b690-56d4-4dba-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 07 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			112.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date 01 / 30 / 2015		
[Electronically Filed]					

Full Name of Payee Pound, Feinstein & Associates		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 5614 Connecticut Ave, NW Ste 270		Amount 6941.25	
City Washington	State DC	Zip Code 20015	Transaction ID : 1bb2beac-c69d-4035-b
Purpose of Expenditure Doorhangers	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	6966.75
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1055 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Run and Win			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014		
Mailing Address P.O. Box 2096			Amount 340.33		
City Aiken		State SC	Zip Code 29802		Transaction ID : fe32b7e5-15fb-4ba9-9
Purpose of Expenditure Lapel Stickers		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Run and Win			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014		
Mailing Address P.O. Box 2096			Amount 340.33		
City Aiken		State SC	Zip Code 29802		Transaction ID : 34173be0-7ba5-4e24-a
Purpose of Expenditure Lapel Stickers		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			680.66		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1056 OF 1704
 FOR LINE 24 OF FORM 3X

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 Run and Win		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address P.O. Box 2096		Amount 340.33	
City Aiken	State SC	Zip Code 29802	Transaction ID : c81d492a-3b96-492e-9
Purpose of Expenditure Lapel Stickers		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Michael Marinaccio		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 680 Sunnypod Lane		Amount 235.00	
City Aynor	State SC	Zip Code 29511	Transaction ID : 2f5ee8f2-0bba-44d3-b
Purpose of Expenditure Design		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Name of Federal Candidate Mr. Mark E Udall		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	575.33
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Mr. Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 458 Hebert Rd		Amount 33.00	
City Palmetto	State LA	Zip Code 71358	Transaction ID : 3439a5f1-e752-4450-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	68.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1058 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Felice Barrett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 1588 Asbury		Amount 45.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : a9a5b29f-6eb6-44c6-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Felice Barrett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 1588 Asbury		Amount 4.50	
City Springdale	State AR	Zip Code 72762	Transaction ID : 17064245-e041-4733-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		49.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Gabriella E Hansen		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 310 West Meath Drive		Amount 5.70	
City Winterville	State NC	Zip Code 28590	Transaction ID : 460f13ca-e7f1-47d8-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	25.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Kevin L Battle			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014		
Mailing Address 3300 Asher Ave			Amount 50.00		
City Little Rock	State AR	Zip Code 72204	Transaction ID : af4b7537-a0e7-4e07-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 3300 Asher Ave		Amount 16.20	
City Little Rock	State AR	Zip Code 72204	Transaction ID : ad93ca00-832e-438d-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: AR ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	292434.22		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 07 / 22 / 2014		
Mailing Address 105 South Dale St			Amount 26.10		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 5d576faf-8409-4b46-a Date of Disbursement or Obligation M M / D D / Y Y Y Y 07 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	96.10	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

01 / 30 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Solveig Lysne			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014		
Mailing Address 7121 Oyster Lane			Amount 42.10		
City Wilmington	State NC	Zip Code 28411	Transaction ID : f4317500-250f-4190-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	112.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 Solveig Lysne		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 7121 Oyster Lane		Amount 12.30	
City Wilmington	State NC	Zip Code 28411	Transaction ID : a88c914c-446f-402e-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Serena A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014	
Mailing Address 7151 Mullins Drive		Amount 70.00	
City Saltville	State VA	Zip Code 24370	Transaction ID : f31d9bfe-a51e-4cbc-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	82.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1064 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Serena A Jones			Date of Public Distribution/Dissemination 07 / 19 / 2014		
Mailing Address 7151 Mullins Drive			Amount 26.10		
City Saltville	State VA	Zip Code 24370	Transaction ID : ddae82eb-7f71-4e30-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 19 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Anthony Buchanan			Date of Public Distribution/Dissemination 07 / 22 / 2014		
Mailing Address 1090 McHone Rd			Amount 35.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : f9f51e42-35c1-4fa6-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 22 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1065 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination 07 / 22 / 2014	
Mailing Address 12920 Kneeland Ln			Amount 35.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : 86a29f8e-2f0b-4857-b Date of Disbursement or Obligation 07 / 22 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination 07 / 22 / 2014	
Mailing Address 12920 Kneeland Ln			Amount 45.60	
City Neosho	State MO	Zip Code 64850	Transaction ID : 9375759d-7248-46d1-a Date of Disbursement or Obligation 07 / 22 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			80.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1066 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jennifer Susky			Date of Public Distribution/Dissemination 07 / 22 / 2014		
Mailing Address 1117 Shadow Lane			Amount 2.50		
City Benton	State AR	Zip Code 72015	Transaction ID : 6905d586-8654-4733-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 22 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jennifer Susky			Date of Public Distribution/Dissemination 07 / 22 / 2014		
Mailing Address 1117 Shadow Lane			Amount 0.60		
City Benton	State AR	Zip Code 72015	Transaction ID : f19ed14c-7f9e-4617-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 22 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			3.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1067 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014		
Mailing Address Split Oak Drive			Amount 30.00		
City charlotte		State NC	Zip Code 28227		Transaction ID : a71e9b7b-a910-4a73-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014		
Mailing Address Split Oak Drive			Amount 23.10		
City charlotte		State NC	Zip Code 28227		Transaction ID : 9df95310-fc7e-4b57-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 Jodi Fountain		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 1010 S Dogwood Drive		Amount 20.00	
City Bogalusa	State LA	Zip Code 70427	Transaction ID : 888ae780-d842-4798-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Sean B Hicks		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 44 McDowell Drive		Amount 30.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : eed12bbe-51a7-4ed4-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	50.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1069 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Sean B Hicks			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014		
Mailing Address 44 McDowell Drive			Amount 3.00		
City Wake Forest		State NC	Zip Code 27587		Transaction ID : fbe95f80-ad60-4cd4-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Dylan Simon			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014		
Mailing Address 111 Millrock Drive			Amount 46.00		
City Lafayette		State LA	Zip Code 70508		Transaction ID : 6c6a2338-76b2-4e3e-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			49.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1070 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Dylan Simon			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014		
Mailing Address 111 Millrock Drive			Amount 7.29		
City Lafayette	State LA	Zip Code 70508	Transaction ID : 35f2b728-6642-4dd6-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee David Ford			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014		
Mailing Address 106 Hillside St			Amount 50.00		
City Spindale	State NC	Zip Code 28160	Transaction ID : 25231638-4403-446f-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			57.29		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1071 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee David Ford			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014		
Mailing Address 106 Hillside St			Amount 11.85		
City Spindale	State NC	Zip Code 28160	Transaction ID : bb9031a6-b0fb-406c-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Marysol Netro			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014		
Mailing Address 312 S Gunter St			Amount 42.50		
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : ad4eb81a-e457-45f6-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.35		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Rebecca Deucher		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 4800 Vass Carthage Rd		Amount 60.00	
City Carthage	State NC	Zip Code 28394	Transaction ID : 305ce0ba-7684-498f-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	69.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1073 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rebecca Deucher			Date of Public Distribution/Dissemination 07 / 22 / 2014		
Mailing Address 4800 Vass Carthage Rd			Amount 20.10		
City Carthage		State NC	Zip Code 28394		Transaction ID : db6eb36f-7fec-43d1-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 07 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Donald Dessauer			Date of Public Distribution/Dissemination 07 / 22 / 2014		
Mailing Address 1804 Auburn Ave			Amount 15.00		
City Metaire		State LA	Zip Code 70003		Transaction ID : baef8329-0f0b-4695-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 07 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			35.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 01 / 30 / 2015		

Full Name of Payee Brooke Graphia		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 2306 Brownlee Rd.		Amount 20.00	
City Bossier City	State LA	Zip Code 71111	Transaction ID : 9653f802-7d16-4dda-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	20.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1075 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Brooke Graphia			Date of Public Distribution/Dissemination 07 / 22 / 2014		
Mailing Address 2306 Brownlee Rd.			Amount 2.61		
City Bossier City		State LA	Zip Code 71111		Transaction ID : e5856849-2d07-4fcf-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 07 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination 07 / 22 / 2014		
Mailing Address 905 Lake Drive			Amount 20.00		
City Shelby		State NC	Zip Code 28152		Transaction ID : 786b9bd9-8e11-4c37-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 07 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					22.61
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1076 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014		
Mailing Address 905 Lake Drive			Amount 5.10		
City Shelby	State NC	Zip Code 28152	Transaction ID : 0bc7a63f-c272-4be6-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014		
Mailing Address 924 N. Prieur St			Amount 30.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 60230d0e-7bf9-44cd-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			35.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1077 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination 07 / 22 / 2014		
Mailing Address 924 N. Prieur St			Amount 9.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : a6d99675-597c-46c3-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 22 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Melanie Slagle			Date of Public Distribution/Dissemination 07 / 22 / 2014		
Mailing Address 77 Southridge Drive			Amount 20.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 70f2a471-ba34-406c-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 22 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			29.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Ralphie Lockhart		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 6310 Col Glenn Rd		Amount 60.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 9776daba-6d2b-4c4f-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: AR ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	292434.22		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	69.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1079 OF 1704
 FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY / / MM / DD / YYYY / /	

Full Name of Payee Diane Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 4006 Wolkswalk Place		Amount 10.00	
City Raleigh	State NC	Zip Code 27610	Transaction ID : 6c886251-5f69-448c-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Diane Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 4006 Wolkswalk Place		Amount 6.90	
City Raleigh	State NC	Zip Code 27610	Transaction ID : 78864796-3665-4951-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	16.90
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1081 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination 07 / 22 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 26.40		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 39ddd974-0db9-482d-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 22 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination 07 / 22 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 30.00		
City Charlotte	State NC	Zip Code 23215	Transaction ID : e0827af0-f9b0-4050-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 22 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			56.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Myeisha M Ross		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 3411 Asher Ave		Amount 14.50	
City Little Rock	State AR	Zip Code 72209	Transaction ID : 7dc429ad-b7d1-4f8b-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

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.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1083 OF 1704
 FOR LINE 24 OF FORM 3X

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 Theresa Burkhart		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 3126 Chester Ct		Amount 50.00	
City Metairie	State LA	Zip Code 70006	Transaction ID : c36b3a9f-df07-415c-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Theresa Burkhart		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 3126 Chester Ct		Amount 7.68	
City Metairie	State LA	Zip Code 70006	Transaction ID : 2c30a9c5-c061-4c90-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	57.68
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 3300 Asher Ave		Amount 15.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 250f52d3-0668-4e9c-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	55.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Full Name of Payee Sarah Burckel		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 46 Glenwood Ave		Amount 0.31	
City Harahan	State LA	Zip Code 70123	Transaction ID : cb72a2d5-b086-442c-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	30.31
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1086 OF 1704
 FOR LINE 24 OF FORM 3X

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 Robin L Bennett			Date of Public Distribution/Dissemination		
Mailing Address 3505 Beaumont St Apt 13D			07 22 2014		
City Neosho	State MO	Zip Code 64850	Amount 10.00		
Purpose of Expenditure Salary		Category/ Type 001	Transaction ID : e11b35d7-3516-4b57-9 Date of Disbursement or Obligation		
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Robin L Bennett			Date of Public Distribution/Dissemination		
Mailing Address 3505 Beaumont St Apt 13D			07 22 2014		
City Neosho	State MO	Zip Code 64850	Amount 39.00		
Purpose of Expenditure Mileage		Category/ Type 002	Transaction ID : f1a696c2-44d9-4bff-a Date of Disbursement or Obligation		
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	49.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

01

30

2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1087 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Theresa A Touchet		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014	
Mailing Address 102 French Street #3		Amount 22.50	
City New Orleans	State LA	Zip Code 70124	Transaction ID : fe48560a-b7e3-49d8-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Theresa A Touchet		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014	
Mailing Address 102 French Street #3		Amount 0.90	
City New Orleans	State LA	Zip Code 70124	Transaction ID : a7f8f188-103b-42a2-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		23.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1088 OF 1704
 FOR LINE 24 OF FORM 3X

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 Lily Green			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014		
Mailing Address 205 Medallion Circle			Amount 80.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : a42dd8e3-a856-4b69-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought 554635.78		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			

Full Name of Payee Lily Green			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014		
Mailing Address 205 Medallion Circle			Amount 19.20		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 4df913c5-c9a5-4b17-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought 554635.78		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	99.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Warren Gravois		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 16005 7th St		Amount 1.20	
City Pearlington	State MS	Zip Code 39572	Transaction ID : 8d5d8241-ee5f-482a-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ 26.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶
(c) TOTAL Independent Expenditures.....	▶

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1090 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	

Full Name of Payee Bradley K Kissinger		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 3113 Imperial Valley Dr.		Amount 40.00	
City Little Rock	State AR	Zip Code 72212	Transaction ID : e24e9f8f-badc-47ca-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Bradley K Kissinger		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 3113 Imperial Valley Dr.		Amount 9.90	
City Little Rock	State AR	Zip Code 72212	Transaction ID : 7c6a894f-9d0f-43ba-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	49.90
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1091 OF 1704
 FOR LINE 24 OF FORM 3X

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 Jeanne Tribou			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 45.00		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 8fb7b74b-494a-44da-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 4.20		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 50f01bee-33d7-47ee-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	49.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee OBrian Price			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014		
Mailing Address 2400 Covenant Cove			Amount 13.80		
City Little Rock	State AR	Zip Code 72204	Transaction ID : 61777982-4cb2-4b3e-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	88.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 6412 Osage Dr		Amount 4.38	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 0b631ec2-8408-4bbf-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	29.38
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1095 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination 07 / 22 / 2014		
Mailing Address 2565 Shire Circle			Amount 20.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 13fae703-4d6b-4079-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 22 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination 07 / 22 / 2014		
Mailing Address 1025 Cayley Ct			Amount 87.50		
City High Point	State NC	Zip Code 27260	Transaction ID : b5e2a3cc-b314-48e8-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 22 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			107.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 1025 Cayley Ct		Amount 80.00	
City High Point	State NC	Zip Code 27260	Transaction ID : bc98f340-55ca-4064-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☐ President	District: 00 State: NC ☒ Senate
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	101.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date / /

Signature

Full Name of Payee Larry Freeman		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 11214 Mesa drive		Amount 70.00	
City Little rock	State AR	Zip Code 72211	Transaction ID : b12e54e8-cb68-41cf-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		88.30
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1098 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014	
Mailing Address 220 Doucet Rd		Amount 35.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 0e6da4c6-0aed-45aa-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014	
Mailing Address 220 Doucet Rd		Amount 2.22	
City Lafayette	State LA	Zip Code 70503	Transaction ID : e5d623de-b9cc-45f0-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		37.22	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1099 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mr. Alex Peyton			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014		
Mailing Address 859 Hicks Rd			Amount 50.00		
City Washington		State LA	Zip Code 70589		Transaction ID : b0701b99-ccf3-43d6-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mr. Alex Peyton			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014		
Mailing Address 859 Hicks Rd			Amount 43.50		
City Washington		State LA	Zip Code 70589		Transaction ID : 0bf0f890-429e-4348-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			93.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 1103 West Wilson Street		Amount 32.10	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 7e4116aa-6201-4095-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		92.10
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1101 OF 1704
FOR LINE 24 OF FORM 3X

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 Shelby J Davis			Date of Public Distribution/Dissemination / /		
Mailing Address 6414 The Divide Pkwy Apt 204			Amount 45.00		
City Little Rock		State AR	Zip Code 72223		Transaction ID : ef90c5d4-8dc7-47d4-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / /	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Shelby J Davis			Date of Public Distribution/Dissemination / /		
Mailing Address 6414 The Divide Pkwy Apt 204			Amount 17.40		
City Little Rock		State AR	Zip Code 72223		Transaction ID : 4cb3163b-762b-403b-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation / /	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			62.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date / / 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1102 OF 1704
 FOR LINE 24 OF FORM 3X

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 Sharon Lloyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 4301 Lankford		Amount 45.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : 45e4caff-7df3-45c1-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Sharon Lloyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 4301 Lankford		Amount 9.69	
City Springdale	State AR	Zip Code 72762	Transaction ID : fe9765a1-a17b-4d37-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	54.69
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1103 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Christine Stevens			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014	
Mailing Address 100 Asbury Ct			Amount 70.00	
City Winchester		State VA	Zip Code 22602	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : f997fbdc-aa13-4234-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 70.00	
City Winchester		State VA	Zip Code 22602	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : ac73583e-09ae-4941-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1104 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Alexa S Dudley			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014		
Mailing Address 4367 Splitlog Rd			Amount 15.00		
City Goodman	State MO	Zip Code 64843	Transaction ID : f1da547f-bfd7-4c38-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Alexa S Dudley			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014		
Mailing Address 4367 Splitlog Rd			Amount 24.00		
City Goodman	State MO	Zip Code 64843	Transaction ID : 2dbf5bc0-6a87-45e4-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			39.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1105 OF 1704
FOR LINE 24 OF FORM 3X

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			MM / DD / YYYY		
Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014			
Mailing Address 1700 E Part Ave		Amount 72.50			
City Searcy	State AR	Zip Code 72149	Transaction ID : d2e6c6e3-fd00-43d0-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014			
Mailing Address 1700 E Part Ave		Amount 82.02			
City Searcy	State AR	Zip Code 72149	Transaction ID : 7e6ed865-5725-47ba-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....		154.52			
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) 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.					
Ms. Emily Buchanan		[Electronically Filed]		Date	
Signature				MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1107 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY			
Full Name of Payee Sherri Zerbel		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 804 Mary Ave		Amount 29.40	
City Neasho	State MO	Zip Code 64850	Transaction ID : a9e83e5a-d20d-4fbf-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Charity Zerbel		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 804 Mary Ave		Amount 85.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : ad9868e8-fcbb-4c10-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		114.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 25.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : e1016a00-4f54-42ae-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1122 1503 1360 1509"> <tr><td>54.40</td></tr> </table>	54.40
54.40		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1122 1509 1360 1514"> <tr><td></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1122 1514 1360 1522"> <tr><td></td></tr> </table>	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature

Full Name of Payee Cassidy Quartararo		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 632 Cameron Court		Amount 55.00	
City Kenner	State LA	Zip Code 70065	Transaction ID : a99a078e-4f36-4ada-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		57.10
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1110 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cassidy Quartararo			Date of Public Distribution/Dissemination 07 / 22 / 2014		
Mailing Address 632 Cameron Court			Amount 1.35		
City Kenner	State LA	Zip Code 70065	Transaction ID : 0812b6b4-eef8-4854-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 22 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination 07 / 22 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 90.00		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 3a31f811-fcda-4ec2-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 22 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			91.35		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 01 / 30 / 2015		

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 19.83	
City	State	Zip Code	Transaction ID : bddb6729-e817-47d7-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Mt. Airy	NC	27030	
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 2002 E Park Ave Apt 40		Amount 50.00	
City	State	Zip Code	Transaction ID : 3661a611-bbf2-417e-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	69.83
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Full Name of Payee Tabetha D Espenschied		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 2002 East Park Ave Apt 40		Amount 100.00	
City	State	Zip Code	Transaction ID : b1e08a00-a428-4a2c-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		172.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1113 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Benjamin Hernandez		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014
Mailing Address 915 E Market Ave		Amount 95.00
City Searcy	State AR	Zip Code 72149
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 7216eb15-9305-461e-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Benjamin Hernandez		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014
Mailing Address 915 E Market Ave		Amount 132.30
City Searcy	State AR	Zip Code 72149
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : fe76501a-5efb-4670-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	227.30
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1114 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination 07 / 22 / 2014	
Mailing Address 112 apache Dr			Amount 95.00	
City Search	State AR	Zip Code 72149	Transaction ID : f8e13446-aeee-4fe1-8 Date of Disbursement or Obligation 07 / 22 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination 07 / 22 / 2014	
Mailing Address 20679 Glenbrook Terrace			Amount 35.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : f4fe2cb3-12be-4529-9 Date of Disbursement or Obligation 07 / 22 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			130.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

Full Name of Payee Reagan Brackett			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014		
Mailing Address 502 E Center Ave			Amount 80.00		
City	State	Zip Code	Transaction ID : f0e5a32c-669f-4a26-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014		
Searcy	AR	72143			
Purpose of Expenditure Salary		Category/ Type	001		
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: ☐ House ☒ Senate District: 00 State: AR Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		
292434.22			2014		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature

Full Name of Payee Caleb Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 1410 Bushville drive		Amount 60.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : eb359bf3-102b-4667-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		140.58
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1117 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014		
Mailing Address 1410 Bushville drive			Amount 4.50		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 781b6442-a054-4091-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 18.30		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 2c94faea-8da8-4529-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			22.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1118 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 6.63		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 748ab129-e447-4c05-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014		
Mailing Address 2134 Tobaccoville Rd			Amount 18.30		
City Rural Hall		State NC	Zip Code 27045		Transaction ID : 40077b27-ebb2-494d-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			24.93		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1119 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Gabriella E Hansen			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014		
Mailing Address 310 West Meath Drive			Amount 20.00		
City Winterville	State NC	Zip Code 28590	Transaction ID : d7edf225-b690-4264-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Serena A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014		
Mailing Address 7151 Mullins Drive			Amount 90.00		
City Saltville	State VA	Zip Code 24370	Transaction ID : 1b543eda-ac4c-457e-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			110.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015		
Signature					

Full Name of Payee Serena A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 7151 Mullins Drive		Amount 30.30	
City Saltville	State VA	Zip Code 24370	Transaction ID : 12113028-1e15-425c-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Serena A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 7151 Mullins Drive		Amount 80.00	
City Saltville	State VA	Zip Code 24370	Transaction ID : 0602b4c1-9df8-44f6-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	110.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1121 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Serena A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014		
Mailing Address 7151 Mullins Drive			Amount 25.50		
City Saltville		State VA	Zip Code 24370		Transaction ID : c270f3c1-0ff1-46b4-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Serena A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014		
Mailing Address 7151 Mullins Drive			Amount 80.00		
City Saltville		State VA	Zip Code 24370		Transaction ID : 04636ed6-0d4f-4aaf-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type	001		
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date MM / DD / YYYY 01 / 30 / 2015		
			[Electronically Filed]		

Full Name of Payee Serena A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014		
Mailing Address 7151 Mullins Drive			Amount 50.00		
City Saltville	State VA	Zip Code 24370	Transaction ID : 8922d2bd-83ce-4a39-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	79.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Allie Butler		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 1676 Shady Creek Rd		Amount 50.00	
City Ayden	State NC	Zip Code 28513	Transaction ID : 8780c614-ebf8-4a5a-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	71.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Emily Butler		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 1676 Shady Creek Rd		Amount 53.30	
City Ayden	State NC	Zip Code 28513	Transaction ID : d856629e-ecdc-4a87-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	71.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 10.80		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 4383c4bf-d9a2-47a5-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	40.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1126 OF 1704
 FOR LINE 24 OF FORM 3X

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 Barbara A Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 3002 Darden Rd Apt A		Amount 50.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : c802eb28-7ab1-4b52-8
Purpose of Expenditure Salary	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Erika Burfield		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 2939 Country Club Drive		Amount 45.00	
City Hampstead	State NC	Zip Code 28443	Transaction ID : fa9bcea8-3cab-4648-b
Purpose of Expenditure Salary	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1127 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Erika Burfield		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 2939 Country Club Drive		Amount 5.40	
City Hampstead	State NC	Zip Code 28443	Transaction ID : 281862a9-3598-4c40-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Robin L Bennett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 3505 Beaumont St Apt 13D		Amount 35.50	
City Neosho	State MO	Zip Code 64850	Transaction ID : 8dee1596-25bc-489a-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		40.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1128 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Robin L Bennett			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014		
Mailing Address 3505 Beaumont St Apt 13D			Amount 44.40		
City Neosho		State MO	Zip Code 64850		Transaction ID : 8cbe4a19-d343-40a4-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Damian B Robinson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014		
Mailing Address 701 Green Mountain Dr Apt 1312			Amount 40.00		
City Little Rock		State AR	Zip Code 72211		Transaction ID : 0041ef64-f414-415c-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			84.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1129 OF 1704
FOR LINE 24 OF FORM 3X

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 Damian B Robinson			Date of Public Distribution/Dissemination / / 07 / 23 / 2014		
Mailing Address 701 Green Mountain Dr Apt 1312			Amount 8.10		
City Little Rock		State AR	Zip Code 72211		Transaction ID : ce94ea67-e342-46ce-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation / / 07 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Jodi Fountain			Date of Public Distribution/Dissemination / / 07 / 23 / 2014		
Mailing Address 1010 S Dogwood Drive			Amount 20.00		
City Bogalusa		State LA	Zip Code 70427		Transaction ID : d830bc40-e6fc-402d-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / / 07 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			28.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date / / 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1130 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address Split Oak Drive			Amount 50.00	
City charlotte	State NC	Zip Code 28227	Transaction ID : ca89bf8c-4649-4003-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address Split Oak Drive			Amount 33.09	
City charlotte	State NC	Zip Code 28227	Transaction ID : b511bc63-bc81-47f3-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			83.09	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Rebecca Deucher		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 4800 Vass Carthage Rd		Amount 22.50	
City Carthage	State NC	Zip Code 28394	Transaction ID : 0476b170-722d-4038-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
		87.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Marilyn Riley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 338 Wayne Drive		Amount 40.00	
City Shreveport	State LA	Zip Code 71105	Transaction ID : 02179305-2322-4269-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Tachnany Evans		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 3726 Saint Joe Road		Amount 50.00	
City Atkins	State AR	Zip Code 72823	Transaction ID : a2e4a68d-d76b-4b62-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1133 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY / / MM / DD / YYYY / /	

Full Name of Payee Tachnany Evans		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 3726 Saint Joe Road		Amount 13.20	
City Atkins	State AR	Zip Code 72823	Transaction ID : 4f6c244e-1274-46db-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee OBrian Price		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 2400 Covenant Cove		Amount 45.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 932b6915-f917-4cef-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	58.20
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1134 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee OBrian Price			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014		
Mailing Address 2400 Covenant Cove			Amount 7.20		
City Little Rock		State AR	Zip Code 72204		Transaction ID : efb3c617-0a66-4bd1-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support Office Sought: ☐ House District: 00 ☒ Oppose ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Larry Freeman			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014		
Mailing Address 11214 Mesa drive			Amount 45.00		
City Little rock		State AR	Zip Code 72211		Transaction ID : 9f6b788c-d256-4ac8-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support Office Sought: ☐ House District: 00 ☒ Oppose ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1135 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jenna M Ledford			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Mailing Address 2279 Gouges Creek Rd			Amount 50.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 5772ceb9-a071-4807-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jenna M Ledford			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Mailing Address 2279 Gouges Creek Rd			Amount 14.10	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 32d4798c-06b1-4378-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			64.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
Signature				

Full Name of Payee Charity Zerbel		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 804 Mary Ave		Amount 1.80	
City Neosho	State MO	Zip Code 64850	Transaction ID : bc188425-27e9-462b-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		36.80
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1137 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 07 / 23 / 2014	
Mailing Address 1410 Bushville drive			Amount 100.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : f0d870be-79c4-48cc-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 07 / 23 / 2014	
Mailing Address 1410 Bushville drive			Amount 6.60	
City Lenoir	State NC	Zip Code 28645	Transaction ID : a2900a9b-09ee-4fda-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			106.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1138 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jonathan Odette			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 07 / 23 / 2014	
Mailing Address 9600 Earpsboro Chamblee Road			Amount 55.00	
City Wendell	State NC	Zip Code 27591	Transaction ID : fe9e67f9-e369-44ec-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jonathan Odette			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 07 / 23 / 2014	
Mailing Address 9600 Earpsboro Chamblee Road			Amount 25.80	
City Wendell	State NC	Zip Code 27591	Transaction ID : 3c647bc6-755c-416c-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			80.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M / D D / Y Y Y Y 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1139 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Melanie Slagle			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Mailing Address 77 Southridge Drive			Amount 40.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : c025ea90-0e26-41ae-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Melanie Slagle			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Mailing Address 77 Southridge Drive			Amount 12.90	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 886347c6-df60-4d92-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Amiracle R Ross		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 3411 Asher Ave		Amount 15.60	
City Little Rock	State AR	Zip Code 72204	Transaction ID : f3c2f7e9-a3fb-40f9-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	60.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<!-- Empty box -->
(c) TOTAL Independent Expenditures.....	▶	<!-- Empty box -->

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1141 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Donald Dessauer			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 07 / 23 / 2014	
Mailing Address 1804 Auburn Ave			Amount 15.00	
City Metaire	State LA	Zip Code 70003	Transaction ID : c3d895c0-9e2f-48ce-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Donald Dessauer			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 07 / 23 / 2014	
Mailing Address 1804 Auburn Ave			Amount 0.30	
City Metaire	State LA	Zip Code 70003	Transaction ID : 70422288-eb7e-4793-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			15.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M / D D / Y Y Y Y 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1142 OF 1704
FOR LINE 24 OF FORM 3X

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			MM / DD / YYYY	
Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014		
Mailing Address 1691 Fork Mtn Rd		Amount 70.00		
City Bakersville	State NC	Zip Code 28705	Transaction ID : 58b014b8-3ffe-454a-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014		
Mailing Address 1691 Fork Mtn Rd		Amount 25.20		
City Bakersville	State NC	Zip Code 28705	Transaction ID : e8c9ef8f-1240-4b36-b	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		95.20		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) 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.				
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015		
		[Electronically Filed]		

Full Name of Payee Malinda Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 44 Bell Street Ext		Amount 70.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : c9265b7d-55ea-41a2-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Malinda Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 44 Bell Street Ext		Amount 25.20	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 0a4451e9-4d21-4f8f-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Three examples of 1D barcodes are shown, each with a label above it: MM01, DD30, and YYYY2015. The MM01 barcode has two 'M' labels above the first two bars. The DD30 barcode has two 'D' labels above the first two bars. The YYYY2015 barcode has four 'Y' labels above the first four bars.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1144 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	

Full Name of Payee Andrew Shiver		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 110 Earlston Ct		Amount 55.00	
City Knightdale	State NC	Zip Code 27545	Transaction ID : e3b0b12a-851b-40ea-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Andrew Shiver		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 110 Earlston Ct		Amount 9.90	
City Knightdale	State NC	Zip Code 27545	Transaction ID : e802eefc-9393-4a70-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	64.90
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1145 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014		
Mailing Address 6412 Osage Dr			Amount 20.00		
City North Little rock		State AR	Zip Code 72116		Transaction ID : 8f363592-7a9d-4b34-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014		
Mailing Address 6412 Osage Dr			Amount 4.83		
City North Little rock		State AR	Zip Code 72116		Transaction ID : c433aa3d-2995-48d4-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			24.83		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 905 Lake Drive		Amount 5.10	
City Shelby	State NC	Zip Code 28152	Transaction ID : 715ecad9-aab1-4d29-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
District: 00 State: NC		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	15.10
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Date _____

Signature

Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 202 Rue Des Cajun		Amount 35.40	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 4138242d-2469-4916-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		80.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1148 OF 1704
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee David Ford			Date of Public Distribution/Dissemination 07 23 2014		
Mailing Address 106 Hillside St			Amount 35.00		
City Spindale	State NC	Zip Code 28160	Transaction ID : c76dbb25-8b04-4498-a Date of Disbursement or Obligation 07 23 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee David Ford			Date of Public Distribution/Dissemination 07 23 2014		
Mailing Address 106 Hillside St			Amount 33.75		
City Spindale	State NC	Zip Code 28160	Transaction ID : 9ab1a99c-4c5a-4ebf-a Date of Disbursement or Obligation 07 23 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	68.75
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

01

30

2015

Signature

Full Name of Payee Lily Green		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 205 Medallion Circle		Amount 21.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 72961c0a-87fa-429b-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	101.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 407 randall Dr		Amount 80.00	
City	State	Zip Code	Transaction ID : c84e2e51-7b9a-43a9-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 407 randall Dr		Amount 82.80	
City	State	Zip Code	Transaction ID : 012a0297-3225-42c5-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	162.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Three examples of 1D barcodes are shown, each with a label above it: MM01, DD30, and YYYY2015. The MM01 barcode has two 'M' labels above the first two bars. The DD30 barcode has two 'D' labels above the first two bars. The YYYY2015 barcode has four 'Y' labels above the first four bars.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1151 OF 1704
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Nathan D Wirebaugh		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014
Mailing Address 7320 Red Maple Dr		Amount 10.00
City Holland	State OH	Zip Code 43528
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 7a50c44c-64c3-4cf8-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Solveig Lysne		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014
Mailing Address 7121 Oyster Lane		Amount 41.50
City Wilmington	State NC	Zip Code 28411
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 3ec1c9a2-9c10-47f6-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	51.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2015

Signature

Full Name of Payee Solveig Lysne		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 7121 Oyster Lane		Amount 9.51	
City Wilmington	State NC	Zip Code 28411	Transaction ID : 60170ec5-59f4-43f8-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Morgan R Padgett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 2164 Kay Rd		Amount 20.00	
City Greenville	State NC	Zip Code 27858	Transaction ID : 7a56b8f0-5225-41c8-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	29.51
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1153 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Morgan R Padgett			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 2164 Kay Rd			Amount 4.80	
City Greenville	State NC	Zip Code 27858	Transaction ID : 7930193c-a5dd-4392-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Warren Gravois			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 16005 7th St			Amount 35.00	
City Pearlington	State MS	Zip Code 39572	Transaction ID : e4cd370f-57cd-4827-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			39.80	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014		
Mailing Address 220 Doucet Rd			Amount 26.00		
City Lafayette	State LA	Zip Code 70503	Transaction ID : c3c94ba9-0fe0-4e1d-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	28.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1155 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Mailing Address 220 Doucet Rd		Amount 2.01	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 016244d3-fd41-4cc6-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Steven Jean		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Mailing Address 2012 Harrison Ave		Amount 80.00	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 68c7a634-d1f3-4c34-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		82.01	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1156 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Steven Jean			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014		
Mailing Address 2012 Harrison Ave			Amount 12.00		
City State Zip Code Winston Salem NC 27105		Transaction ID : ef781d40-ab89-46fa-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			☐ Support Office Sought: ☐ House District: 00 ☒ Oppose ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Courtney Goldstein			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014		
Mailing Address 1809 N Woodlawn			Amount 35.00		
City State Zip Code Metairie LA 70001		Transaction ID : fdf2c744-2c98-4ed6-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support Office Sought: ☐ House District: 00 ☒ Oppose ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1157 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Courtney Goldstein		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Mailing Address 1809 N Woodlawn		Amount 0.90	
City Metairie	State LA	Zip Code 70001	Transaction ID : 0a9179cf-6f97-4640-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Theresa Burkhart		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Mailing Address 3126 Chester Ct		Amount 60.00	
City Metairie	State LA	Zip Code 70006	Transaction ID : 032f7077-44c5-4c7f-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		60.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 21.63	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 2daaa00d-6ade-4c04-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	126.63
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

01 / 30 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Francesca Blom		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 101 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : cb4e2a06-f161-43a6-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Signature

Three examples of 1D barcodes are shown, each with a label above it: MM01, DD30, and YYYY2015. The MM01 barcode has two 'M' labels above the first two bars. The DD30 barcode has two 'D' labels above the first two bars. The YYYY2015 barcode has four 'Y' labels above the first four bars.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1160 OF 1704
FOR LINE 24 OF FORM 3X

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			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014		
Mailing Address 1103 West Wilson Street		Amount 60.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 89dc16e7-acb7-40e8-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014		
Mailing Address 1103 West Wilson Street		Amount 33.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 865cf02e-9dd3-4147-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		93.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) 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.				
Signature Ms. Emily Buchanan		Date 01 / 30 / 2015		
		[Electronically Filed]		

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 110 W Pecan St		Amount 33.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : c54a6fe8-29d1-4777-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	73.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Sarinda S Dudley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 4367 Splitlog Rd		Amount 30.00	
City Goodman	State MO	Zip Code 64843	Transaction ID : b0fd52b9-72d0-46b3-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

Full Name of Payee Alexa S Dudley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 4367 Splitlog Rd		Amount 27.00	
City Goodman	State MO	Zip Code 64843	Transaction ID : 0c5a1793-4f8e-4288-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1122 1652 1360 1659"><tr><td data-bbox="1122 1652 1360 1659">57.00</td></tr></table>	57.00
57.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1122 1659 1360 1663"><tr><td data-bbox="1122 1659 1360 1663"></td></tr></table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1122 1663 1360 1671"><tr><td data-bbox="1122 1663 1360 1671"></td></tr></table>	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1164 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Steven Best			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014		
Mailing Address 103 Washington Ave			Amount 40.00		
City Newport	State NC	Zip Code 28570	Transaction ID : 8b63ccc1-8987-44dd-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Steven Best			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014		
Mailing Address 103 Washington Ave			Amount 3.30		
City Newport	State NC	Zip Code 28570	Transaction ID : 537c7307-c588-41d9-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			43.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
Signature					

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 2.40	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 6b397506-7178-4646-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	22.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1166 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Vonniqua Jackson			Date of Public Distribution/Dissemination 07 / 23 / 2014		
Mailing Address 111 Westchester Blvd Apt D4			Amount 43.00		
City Slidell		State LA	Zip Code 70458		Transaction ID : 75d25060-3745-4700-a Date of Disbursement or Obligation 07 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination 07 / 23 / 2014		
Mailing Address 1025 Cayley Ct			Amount 87.50		
City High Point		State NC	Zip Code 27260		Transaction ID : f90b8c71-d01d-4ab2-8 Date of Disbursement or Obligation 07 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			130.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date 01 / 30 / 2015		
			[Electronically Filed]		

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 1025 Cayley Ct		Amount 90.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 1ad60399-46af-400a-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	110.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 2305 Cleary Ave		Amount 20.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 46f5340c-7a28-4376-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	41.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1169 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lesley Lennox			Date of Public Distribution/Dissemination 07 / 23 / 2014		
Mailing Address 2305 Cleary Ave			Amount 1.80		
City Metairie	State LA	Zip Code 70001	Transaction ID : 3097173e-2fcb-480a-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 23 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 07 / 23 / 2014		
Mailing Address 3007 Darden Rd			Amount 82.50		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 552ce722-df09-4b3d-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			84.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1170 OF 1704
FOR LINE 24 OF FORM 3X

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			MM / DD / YYYY	
Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014		
Mailing Address 3007 Darden Rd		Amount 24.60		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 4d34a519-f7fd-4086-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Beverly Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014		
Mailing Address 3007 Darden Rd		Amount 82.50		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 1509bada-faf7-4920-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		107.10		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Mr. Alex Peyton			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014		
Mailing Address 859 Hicks Rd			Amount 50.00		
City Washington	State LA	Zip Code 70589	Transaction ID : 810327ac-a71a-443e-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Mr. Alex Peyton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 859 Hicks Rd		Amount 41.40	
City Washington	State LA	Zip Code 70589	Transaction ID : 6b1671ee-24dc-4888-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	91.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Signature

Full Name of Payee Wayne Burckel		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 46 Glenwood Ave		Amount 30.00	
City Harahan	State LA	Zip Code 70123	Transaction ID : f65c7e6b-d867-4772-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1173 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Mailing Address 629 Radiance Ave			Amount 50.00	
City Metairie		State LA	Zip Code 70001	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 50819177-19a6-4feb-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Mailing Address 629 Radiance Ave			Amount 4.50	
City Metairie		State LA	Zip Code 70001	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : 7f629449-f3ec-46b3-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1174 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Tarrin Lesaicherre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014		
Mailing Address 629 Radiance Ave			Amount 50.00		
City Metairie		State LA	Zip Code 70001		Transaction ID : cec56580-5523-431b-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Tarrin Lesaicherre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014		
Mailing Address 629 Radiance Ave			Amount 4.50		
City Metairie		State LA	Zip Code 70001		Transaction ID : 132c17c1-1449-43d4-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1175 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Christine Stevens			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014		
Mailing Address 100 Asbury Ct			Amount 60.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : c43f7f8e-5604-43c4-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 60.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 4fb3b23a-e719-434b-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			120.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015		
Signature					

Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014		
Mailing Address 1434 South Avenue			Amount 7.20		
City Eden	State NC	Zip Code 27288	Transaction ID : 65323dd8-48c9-4f39-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	87.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

01 / 30 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1177 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination 07 / 23 / 2014		
Mailing Address 2565 Shire Circle			Amount 40.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 6bedc7fc-0ad9-4c79-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Taylor N Randall			Date of Public Distribution/Dissemination 07 / 23 / 2014		
Mailing Address 2002 E Park Ave Apt 40			Amount 100.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : f9d89283-d612-4187-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 23 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1178 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Taylor N Randall			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 07 / 23 / 2014	
Mailing Address 2002 E Park Ave Apt 40			Amount 86.40	
City Searcy	State AR	Zip Code 72143	Transaction ID : 1d1a7de5-078d-4d6d-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tabetha D Espenschied			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 07 / 23 / 2014	
Mailing Address 2002 East Park Ave Apt 40			Amount 50.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : f6c28534-6c07-4724-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			136.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M / D D / Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1179 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Mr. Matthew Fouty		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014
Mailing Address 110 Pebblestone Ct.		Amount 30.00
City King	State NC	Zip Code 27021
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : ffc64f66-5736-43d0-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Mr. Matthew Fouty		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014
Mailing Address 110 Pebblestone Ct.		Amount 5.40
City King	State NC	Zip Code 27021
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : afcdb969-87e9-4705-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	35.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1180 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Damian B Robinson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014		
Mailing Address 701 Green Mountain Dr Apt 1312			Amount 45.00		
City Little Rock		State AR	Zip Code 72211		Transaction ID : e31d827e-a670-43fe-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Damian B Robinson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014		
Mailing Address 701 Green Mountain Dr Apt 1312			Amount 2.10		
City Little Rock		State AR	Zip Code 72211		Transaction ID : 820a35d7-adb0-4f79-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 924 N. Prieur St		Amount 12.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : f1b0305d-677b-4e5d-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	87.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature

Full Name of Payee Sarah Nugent		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014	
Mailing Address 2 White Oak Court		Amount 2.70	
City	State	Zip Code	Transaction ID : 5be0dee1-386c-4f71-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	22.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Sean B Hicks		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 44 McDowell Drive		Amount 1.50	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 442a6a13-9575-438c-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		
1095959.94		2014	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee James W Blevins		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014	
Mailing Address 108 East Clinton St PO Box 410		Amount 27.50	
City Salemburg	State NC	Zip Code 28385	Transaction ID : e1ec2f51-0f91-44f8-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	168.83
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1186 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee James W Blevins			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014		
Mailing Address 108 East Clinton St PO Box 410			Amount 5.82		
City Salemberg		State NC	Zip Code 28385		Transaction ID : e9184f37-5799-40a5-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 12 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		
			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			1095959.94		
Disbursement For: ☐ Primary ☒ General			2014 ☐ Other (specify) ▶		
Full Name of Payee Anthony Buchanan			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014		
Mailing Address 1090 McHone Rd			Amount 60.00		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : 7f974e46-1fde-4b47-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		
			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			1095959.94		
Disbursement For: ☐ Primary ☒ General			2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.82		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 24 / 2014	
Mailing Address 105 South Dale St		Amount 21.30	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 76918659-42e8-4f32-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 24 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	81.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Katlynn Cockerham			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014		
Mailing Address 4970 Lyman Rd			Amount 30.00		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 605b41d6-a858-4fdb-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Jodi Fountain		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 1010 S Dogwood Drive		Amount 10.00	
City Bogalusa	State LA	Zip Code 70427	Transaction ID : f64abc6d-02a9-4988-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1190 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Steven Jean			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014	
Mailing Address 2012 Harrison Ave			Amount 75.00	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 5b45768a-9ab5-4237-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Steven Jean			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014	
Mailing Address 2012 Harrison Ave			Amount 13.50	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 3bc9368c-e6b2-4e19-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			88.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1191 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Erika Burfield		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 2939 Country Club Drive		Amount 43.40	
City Hampstead	State NC	Zip Code 28443	Transaction ID : e6c23242-c924-4e58-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Erika Burfield		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 2939 Country Club Drive		Amount 15.00	
City Hampstead	State NC	Zip Code 28443	Transaction ID : 458cde07-1af6-4674-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		58.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1192 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Mr. Matthew Fouty			Date of Public Distribution/Dissemination 07 / 24 / 2014	
Mailing Address 110 Pebblestone Ct.			Amount 30.00	
City King	State NC	Zip Code 27021	Transaction ID : 16c6045a-26e6-4f1d-b Date of Disbursement or Obligation 07 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Mr. Matthew Fouty			Date of Public Distribution/Dissemination 07 / 24 / 2014	
Mailing Address 110 Pebblestone Ct.			Amount 6.00	
City King	State NC	Zip Code 27021	Transaction ID : b272e791-9693-4eb1-a Date of Disbursement or Obligation 07 / 24 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

Full Name of Payee Felice Barrett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 1588 Asbury		Amount 14.31	
City Springdale	State AR	Zip Code 72762	Transaction ID : 18b44479-d6c2-451a-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	79.31
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1194 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014		
Mailing Address 924 N. Prieur St			Amount 50.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 164c0ff1-a297-4e95-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014		
Mailing Address 924 N. Prieur St			Amount 12.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : fbc25a32-cdd6-431f-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			62.00		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) 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.					
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
Signature					

Full Name of Payee Carmen Maddrey		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 2043 Nottingham Ln		Amount 1.20	
City Burlington	State NC	Zip Code 27215	Transaction ID : bd02fbd8-70da-4758-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	41.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

Full Name of Payee Barbara E Spritz		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 3346 Durham St Ext		Amount 1.80	
City Burlington	State NC	Zip Code 27217	Transaction ID : 9c4043d4-c9bd-4f50-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		41.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1197 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Brian Saltzler		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014	
Mailing Address 601 S College Road		Amount 25.00	
City Wilmington	State NC	Zip Code 28403	Transaction ID : a364b6b3-8c1d-489e-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brian Saltzler		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014	
Mailing Address 601 S College Road		Amount 3.60	
City Wilmington	State NC	Zip Code 28403	Transaction ID : 75b30c73-2e19-4335-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		28.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1198 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Malinda Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 44 Bell Street Ext		Amount 80.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : a59d6243-535f-40d8-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Malinda Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 44 Bell Street Ext		Amount 30.60	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 6b313e76-ebc1-4dbd-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		110.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan Signature		[Electronically Filed] Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1199 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 80.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 1b1ac99e-4391-4433-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ House ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 30.60	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 3aa624f0-dd6f-4d6d-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ House ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		110.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1200 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Wayne Burckel			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 46 Glenwood Ave			Amount 20.00	
City Harahan	State LA	Zip Code 70123	Transaction ID : c706f634-769f-4325-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Steven Best			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 103 Washington Ave			Amount 13.00	
City Newport	State NC	Zip Code 28570	Transaction ID : 21c79500-982a-48f6-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1201 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Steven Best			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014		
Mailing Address 103 Washington Ave			Amount 1.50		
City Newport		State NC	Zip Code 28570		Transaction ID : 1093227b-5ad0-42b8-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Trent C Oelschlaeger			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014		
Mailing Address 18710 Strawberry Plant Road			Amount 38.00		
City Fayetteville		State AR	Zip Code 72704		Transaction ID : 653fe01a-954e-4da9-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			39.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1202 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Trent C Oelschlaeger		Date of Public Distribution/Dissemination 07 / 24 / 2014	
Mailing Address 18710 Strawberry Plant Road		Amount 7.50	
City Fayetteville	State AR	Zip Code 72704	Transaction ID : cfd20d22-8ced-4cc0-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation 07 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Solveig Lysne		Date of Public Distribution/Dissemination 07 / 24 / 2014	
Mailing Address 7121 Oyster Lane		Amount 33.60	
City Wilmington	State NC	Zip Code 28411	Transaction ID : 7cc77a19-c682-44ac-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 07 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		41.10	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1203 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Solveig Lysne			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 07 / 24 / 2014		
Mailing Address 7121 Oyster Lane			Amount 9.51		
City State Zip Code Wilmington NC 28411		Transaction ID : 4622e9f1-bb1a-43d9-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014			
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan			☐ Support Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Donald Dessauer			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 07 / 24 / 2014		
Mailing Address 1804 Auburn Ave			Amount 10.00		
City State Zip Code Metairie LA 70003		Transaction ID : 2c12188e-8217-44ac-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			19.51		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u>			Date M M / D D / Y Y Y Y 01 / 30 / 2015		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1204 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Donald Dessauer			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014		
Mailing Address 1804 Auburn Ave			Amount 0.30		
City Metaire	State LA	Zip Code 70003	Transaction ID : 4c78a1e3-f716-42f8-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Wayne Burckel			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014		
Mailing Address 46 Glenwood Ave			Amount 15.00		
City Harahan	State LA	Zip Code 70123	Transaction ID : 5372b25e-d6ba-4771-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			15.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1205 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Wayne Burckel			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014		
Mailing Address 46 Glenwood Ave			Amount 0.60		
City Harahan	State LA	Zip Code 70123	Transaction ID : a6c59d96-349b-4f32-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Corey Miller			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014		
Mailing Address 8617 Riley Hills Rd			Amount 40.00		
City Zebulon	State NC	Zip Code 27597	Transaction ID : cb804c80-aa0f-4f69-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			40.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1206 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Corey Miller			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014		
Mailing Address 8617 Riley Hills Rd			Amount 14.40		
City Zebulon		State NC	Zip Code 27597		Transaction ID : 6136e2cb-68f0-413c-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jonathan Odette			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014		
Mailing Address 9600 Earpsboro Chamblee Road			Amount 40.00		
City Wendell		State NC	Zip Code 27591		Transaction ID : 01a11fe9-9574-4a40-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014		
Mailing Address 1410 Bushville drive			Amount 100.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : a017814f-89fb-4d18-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	107.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1208 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014		
Mailing Address 1410 Bushville drive			Amount 6.90		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 8485ae7c-99d3-4b1d-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jennie Butler			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014		
Mailing Address 1676 Shady Creek Rd			Amount 46.60		
City Ayden	State NC	Zip Code 28513	Transaction ID : d779f5ae-1d14-49dc-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1209 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Jennie Butler		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 1676 Shady Creek Rd		Amount 10.89	
City Ayden	State NC	Zip Code 28513	Transaction ID : 04f3c0ee-78c2-4301-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amiracle R Ross		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 3411 Asher Ave		Amount 24.50	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 87c39bd2-bf9c-4c47-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		35.39	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Amiracle R Ross		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 3411 Asher Ave		Amount 10.50	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 1399d242-e51f-4c2c-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address Split Oak Drive		Amount 45.00	
City charlotte	State NC	Zip Code 28227	Transaction ID : fc2f616c-9aef-46fd-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	55.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Three 7-segment displays are shown, each with a different format. The first display shows '01' with 'M' above the top-left and top-right segments. The second display shows '30' with 'D' above the top-left and top-right segments. The third display shows '2015' with 'Y' above each of the four digit segments.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1211 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address Split Oak Drive		Amount 25.20	
City charlotte	State NC	Zip Code 28227	Transaction ID : 7b03eada-8626-4e2e-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joseph P Thierfelder Previously filed under the name Pthierfelder		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 2411 Armstrong		Amount 57.00	
City Gastonia	State NC	Zip Code 28054	Transaction ID : 8cacfe90-260e-49b3-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		82.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1212 OF 1704
FOR LINE 24 OF FORM 3X

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 Joseph P Thierfelder Previously filed under the name Pthierfelder		Date of Public Distribution/Dissemination 07 / 24 / 2014	
Mailing Address 2411 Armstrong		Amount 10.50	
City Gastonia	State NC	Zip Code 28054	Transaction ID : f7c0b3b0-c554-4d9f-a Date of Disbursement or Obligation 07 / 24 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____
Full Name of Payee Emily Butler		Date of Public Distribution/Dissemination 07 / 24 / 2014	
Mailing Address 1676 Shady Creek Rd		Amount 50.00	
City Ayden	State NC	Zip Code 28513	Transaction ID : ae09c484-4b20-45b6-8 Date of Disbursement or Obligation 07 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		60.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature <i>Ms. Emily Buchanan</i>		Date 01 / 30 / 2015	
[Electronically Filed]			

Full Name of Payee Peter Sahun		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 107 Phillip Ave		Amount 2.31	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 7108e3f8-6d1f-46a1-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	42.31
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 10.80		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 4a3ce61-900b-4bb5-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	35.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1215 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014	
Mailing Address 3300 Asher Ave		Amount 40.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : ff0336cb-c123-4428-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014	
Mailing Address 3300 Asher Ave		Amount 15.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : c177c5a5-e89d-4f95-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		55.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
[Electronically Filed]			

Full Name of Payee Theresa A Touchet			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014		
Mailing Address 102 French Street #3			Amount 1.80		
City New Orleans	State LA	Zip Code 70124	Transaction ID : 1494aa4c-cb60-43b7-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1652 1364 1659"> <tr><td data-bbox="1102 1652 1364 1659">30.80</td></tr> </table>	30.80
30.80		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1102 1659 1364 1663"> <tr><td data-bbox="1102 1659 1364 1663"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1663 1364 1671"> <tr><td data-bbox="1102 1663 1364 1671"></td></tr> </table>	

Signature

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 8822 Apple St		Amount 25.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 34029dd6-37c6-4de8-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	40.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1218 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 20 / 2014	
Mailing Address 8822 Apple St		Amount 45.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 3859415f-1475-43d8-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 19 / 2014	
Mailing Address 8822 Apple St		Amount 40.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 5af02fac-c6b4-4ecc-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		85.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1219 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination 07 / 16 / 2014	
Mailing Address 8822 Apple St			Amount 65.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 937f4287-55c5-4e0b-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination 07 / 15 / 2014	
Mailing Address 8822 Apple St			Amount 40.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : f7c1924a-3f56-4baf-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1220 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014		
Mailing Address 8822 Apple St			Amount 65.00		
City New Orleans		State LA	Zip Code 70188		Transaction ID : 11327913-f85c-4685-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 14 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014		
Mailing Address 3654 Tara St			Amount 85.00		
City springdale		State AR	Zip Code 72762		Transaction ID : 2f21b706-3c40-49fc-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292434.22 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			150.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1221 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Mattie Harris		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014	
Mailing Address 3654 Tara St		Amount 16.20	
City springdale	State AR	Zip Code 72762	Transaction ID : cb3b91eb-eee3-4b93-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee OBrian Price		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014	
Mailing Address 2400 Covenant Cove		Amount 75.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 14dfd84c-5060-410e-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		91.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1222 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee OBrian Price			Date of Public Distribution/Dissemination 07 / 24 / 2014		
Mailing Address 2400 Covenant Cove			Amount 25.50		
City Little Rock		State AR	Zip Code 72204		Transaction ID : bd339322-d83d-463b-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 07 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Larry Freeman			Date of Public Distribution/Dissemination 07 / 24 / 2014		
Mailing Address 11214 Mesa drive			Amount 75.00		
City Little rock		State AR	Zip Code 72211		Transaction ID : 14e17722-896d-49aa-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 07 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

Full Name of Payee Lily Green		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 205 Medallion Circle		Amount 26.10	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 41692130-42a5-4291-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: 2014 ☐ Other (specify) ▶
		☐ Primary	☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	106.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	106.10
(c) TOTAL Independent Expenditures.....	▶	106.10

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature

Full Name of Payee Amelia Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 804 Roundabout Circle		Amount 83.40	
City Searcy	State AR	Zip Code 72143	Transaction ID : 1143c64f-3f8a-4332-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ 163.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1225 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Robin L Bennett			Date of Public Distribution/Dissemination 07 / 20 / 2014	
Mailing Address 3505 Beaumont St Apt 13D			Amount 25.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : e61bedeb-c7c4-4bc5-a Date of Disbursement or Obligation 07 / 20 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination 07 / 24 / 2014	
Mailing Address 6412 Osage Dr			Amount 50.00	
City North Little rock	State AR	Zip Code 72116	Transaction ID : a94e7943-9d7a-40f0-8 Date of Disbursement or Obligation 07 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 3007 Darden Rd		Amount 62.50	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 74a0cd7c-0e95-407a-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
District: 00		State: NC	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	64.84
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1227 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014		
Mailing Address 3007 Darden Rd			Amount 15.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 66d26ba0-159b-4d4f-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014		
Mailing Address 3007 Darden Rd			Amount 62.50		
City Greensboro	State NC	Zip Code 27407	Transaction ID : bb640e9d-4036-4248-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			77.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1228 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Ralphie Lockhart		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014
Mailing Address 6310 Col Glenn Rd		Amount 70.00
City Little Rock	State AR	Zip Code 72204
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 489a98df-93b5-40c0-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Ralphie Lockhart		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014
Mailing Address 6310 Col Glenn Rd		Amount 21.00
City Little Rock	State AR	Zip Code 72204
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : d2ba1aac-d437-4f5d-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	91.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1229 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014
Mailing Address 110 W Pecan St		Amount 60.00
City Ville Platte	State LA	Zip Code 70586
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : b48420c6-c980-470d-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014
Mailing Address 110 W Pecan St		Amount 34.50
City Ville Platte	State LA	Zip Code 70586
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 42a327bc-5b2c-44f8-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	94.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 629 Radiance Ave		Amount 4.20	
City Metairie	State LA	Zip Code 70001	Transaction ID : 9e107e19-d883-4d6c-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House ☐ President	District: 00 State: LA ☒ Senate
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1231 OF 1704
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Theresa Burkhart		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 24 / 2014
Mailing Address 3126 Chester Ct		Amount 50.00
City Metairie	State LA	Zip Code 70006
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 04dfa1c-f1d4-4547-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Theresa Burkhart		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 24 / 2014
Mailing Address 3126 Chester Ct		Amount 7.35
City Metairie	State LA	Zip Code 70006
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : e0cff88d-7f6c-4c25-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	57.35
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y
01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1232 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Tarrin Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 629 Radiance Ave		Amount 70.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 9312198a-64f4-47b7-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tarrin Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 629 Radiance Ave		Amount 4.20	
City Metairie	State LA	Zip Code 70001	Transaction ID : 6973ecd6-8068-494a-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		74.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Bradley K Kissinger		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 3113 Imperial Valley Dr.		Amount Amount 13.80	
City Little Rock	State AR	Zip Code 72212	Transaction ID : 1e82b15a-24a9-45c4-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Amount 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	98.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1234 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 3110 Brentwood Rd			Amount 30.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 9a5975b4-8a10-4877-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 3110 Brentwood Rd			Amount 2.10	
City Raleigh	State NC	Zip Code 27604	Transaction ID : e70fbd18-2b0c-41df-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			32.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1235 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Sarah Burckel			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014		
Mailing Address 46 Glenwood Ave			Amount 25.00		
City Harahan	State LA	Zip Code 70123	Transaction ID : beaa946a-455d-41f3-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sarah Burckel			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014		
Mailing Address 46 Glenwood Ave			Amount 0.90		
City Harahan	State LA	Zip Code 70123	Transaction ID : 2efa5acf-55d5-4d25-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			25.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Nathan Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 1247 W Mt Comfort Rd		Amount \$ 36.70	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : c8592677-3f30-4426-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Nathan Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 1247 W Mt Comfort Rd		Amount 4.50	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : b82963fe-ce32-45ed-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	41.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Three examples of 1D barcodes are shown, each consisting of a header and a data field. The first barcode has a header 'MM' and data '01'. The second has a header 'DD' and data '30'. The third has a header 'YYYY' and data '2015'. Each header and data field is represented by a series of vertical bars of varying heights.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1237 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Nathan Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 1247 W Mt Comfort Rd		Amount 21.60	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : be1789fd-cc88-4000-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Nathan Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014	
Mailing Address 1247 W Mt Comfort Rd		Amount 6.60	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : 14c66c04-52f8-455d-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		28.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Marysol Netro		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 312 S Gunter St		Amount 1.20	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : 67aee061-93c7-463b-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	31.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1239 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014	
Mailing Address 1103 West Wilson Street			Amount 55.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 37dc0480-d092-4293-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014	
Mailing Address 1103 West Wilson Street			Amount 30.90	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : c3c52c81-b08b-4bd6-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			85.90	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1240 OF 1704
 FOR LINE 24 OF FORM 3X

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 Sean Hicks			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 20 / 2014		
Mailing Address 44 McDowell Drive			Amount 50.00		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 3d49a067-b426-4681-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 20 / 2014		
Purpose of Expenditure Salary		Category/Type 001	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			

Full Name of Payee Sean Hicks			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 20 / 2014		
Mailing Address 44 McDowell Drive			Amount 6.00		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 8e544767-f7ea-4929-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 20 / 2014		
Purpose of Expenditure Mileage		Category/Type 002	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	56.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1241 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Myeisha M Ross			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014		
Mailing Address 3411 Asher Ave			Amount 30.00		
City Little Rock		State AR	Zip Code 72209		Transaction ID : f8bcbd43-a2f6-451c-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014		
Mailing Address 8822 Apple St			Amount 45.00		
City New Orleans		State LA	Zip Code 70188		Transaction ID : 2ef3e4df-2950-453b-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <i>Ms. Emily Buchanan</i>			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
			[Electronically Filed]		

Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 407 randall Dr		Amount 86.70	
City	State	Zip Code	Transaction ID : f6fea1fc-7ef5-4015-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	166.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1243 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Melanie Slagle			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014		
Mailing Address 77 Southridge Drive			Amount 3.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : e5dd4c73-3d50-4576-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Melanie Slagle			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014		
Mailing Address 77 Southridge Drive			Amount 3.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 7add8e2b-f5ee-4294-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			6.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1244 OF 1704
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address 2305 Cleary Ave		Amount 20.00
City Metairie	State LA	Zip Code 70001
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 3f69e9c0-325e-4409-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address 2305 Cleary Ave		Amount 2.10
City Metairie	State LA	Zip Code 70001
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : e9e0a284-b382-4f45-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	22.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M / D D / Y Y Y Y
01 / 30 / 2015

Signature

Full Name of Payee Cassidy Quartararo		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 632 Cameron Court		Amount 65.00	
City Kenner	State LA	Zip Code 70065	Transaction ID : 4d7fd3e3-a1df-40d2-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014	☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Cassidy Quartararo		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 632 Cameron Court		Amount 9.48	
City Kenner	State LA	Zip Code 70065	Transaction ID : 80ed3535-bdc0-4206-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	74.48
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1246 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014	
Mailing Address 20679 Glenbrook Terrace			Amount 80.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : 00de8443-7ee9-4f29-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014	
Mailing Address 220 Doucet Rd			Amount 27.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : c35c975e-6b88-4e5a-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			107.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Glenda McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 308 West Main Street		Amount 30.00	
City Plot Mountain	State NC	Zip Code 27041	Transaction ID : 2a1f3759-8dcb-4576-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	33.15
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Sarinda S Dudley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 4367 Splitlog Rd		Amount 70.00	
City Goodman	State MO	Zip Code 64843	Transaction ID : 2783762b-a325-4b95-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1249 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Sarinda S Dudley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014		
Mailing Address 4367 Splitlog Rd			Amount 24.60		
City Goodman	State MO	Zip Code 64843	Transaction ID : a26c0706-1d91-496c-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014		
Mailing Address 308 West Main Street			Amount 30.00		
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 2866dc38-45ac-4815-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 17.50	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 4812d4d0-615d-4413-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	22.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Ms. Emily Buchanan

[Electronically Filed]

Date MM / DD / YYYY
01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1252 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount 4.50		
City Little Rock		State AR	Zip Code 72205		Transaction ID : ca0f7736-43b0-4d97-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Rebecca Deucher			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014		
Mailing Address 4800 Vass Carthage Rd			Amount 85.00		
City Carthage		State NC	Zip Code 28394		Transaction ID : b9ea3e97-6267-4bfb-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			89.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <i>Ms. Emily Buchanan</i>			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1253 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Rebecca Deucher		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 4800 Vass Carthage Rd		Amount 22.50	
City Carthage	State NC	Zip Code 28394	Transaction ID : ead51685-864a-4063-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 2565 Shire Circle		Amount 35.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : c38672ff-4001-4182-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		57.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1254 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 07 / 24 / 2014	
Mailing Address 22369 Ponderosa Dr.			Amount 30.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : fc5d9d84-4ec7-4ef5-b Date of Disbursement or Obligation 07 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 07 / 24 / 2014	
Mailing Address 22369 Ponderosa Dr.			Amount 6.90	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 12fa7025-2d13-4e09-a Date of Disbursement or Obligation 07 / 24 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date 01 / 30 / 2015	
Signature				

Full Name of Payee Nathan D Wirebaugh		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 7320 Red Maple Dr		Amount 30.00	
City Holland	State OH	Zip Code 43528	Transaction ID : 740b7377-de12-4f4d-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Benjamin Hernandez		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 915 E Market Ave		Amount 85.00	
City	State	Zip Code	Transaction ID : b39d2914-d547-4cc6-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	115.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

Full Name of Payee Benjamin Hernandez		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 915 E Market Ave		Amount 38.10	
City	State	Zip Code	Transaction ID : 2e097af9-71d5-47f6-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Searcy	AR	72149	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 100 Asbury Ct		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : eb905212-5345-444c-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	108.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1257 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination 07 / 24 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 70.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 017726f7-733f-49d6-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 07 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Taylor N Randall			Date of Public Distribution/Dissemination 07 / 24 / 2014		
Mailing Address 2002 E Park Ave Apt 40			Amount 50.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : ddbd1451-b554-454c-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 07 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			120.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 01 / 30 / 2015		

Full Name of Payee Tabetha D Espenschied		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 2002 East Park Ave Apt 40		Amount 100.00	
City	State	Zip Code	Transaction ID : b08c36b8-8eed-416e-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	
		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	196.75
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Signature

Full Name of Payee Cory Bryson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 216 Dogwood Ln		Amount 95.00	
City Belmont	State NC	Zip Code 28012	Transaction ID : a8f6dc9c-248b-4400-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	113.60
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Date _____

Signature

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 09510692-ea7a-4996-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	92.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 14ed86eb-2cb3-4a20-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : aedc4130-b7ab-4b26-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		160.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 09e8d15d-bfb5-4b2e-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1265 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014
Mailing Address 100 Asbury Ct		Amount 80.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : d6d7b023-1f50-4ed8-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014
Mailing Address 100 Asbury Ct		Amount 80.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 05f0677d-4c9a-4cfc-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014	
Mailing Address 100 Asbury Ct		Amount 60.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 3d463fee-ae3c-4a3c-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	1095959.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 100 Asbury Ct		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 24000d66-1f2f-4bd2-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		130.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) 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.

Signature

Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 60.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 08f7eaac-f5d6-4b66-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1269 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 60.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 4492edfe-334d-48a5-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 08 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 60.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 30c7a7c5-55b5-48cf-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			120.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1270 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 60.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 777a248f-939a-4609-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 60.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 7ff34660-d806-4980-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			120.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1271 OF 1704
 FOR LINE 24 OF FORM 3X

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 Rodney D Culbreth			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 70.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 544f895f-0736-41b2-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 70.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : ebc6940b-9a1b-4a0b-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1272 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	

Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : cd5fcbcc-008e-4d9c-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 8f809f14-7bf7-442a-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1273 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	

Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 99201ecb-e9ee-45fe-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014	
Mailing Address 100 Asbury Ct		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : c1dd0bc7-fbdd-4341-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 14 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 8dd54e76-4fe1-4079-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1275 OF 1704
FOR LINE 24 OF FORM 3X

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			MM / DD / YYYY	
Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014		
Mailing Address 100 Asbury Ct		Amount 80.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : af19f9b4-c113-4e7e-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014		
Mailing Address 100 Asbury Ct		Amount 50.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 7f8158e6-8f64-48b7-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		130.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1276 OF 1704
FOR LINE 24 OF FORM 3X

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			MM / DD / YYYY	
Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014		
Mailing Address 100 Asbury Ct		Amount 60.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 9727ec22-83de-452c-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014		
Mailing Address 100 Asbury Ct		Amount 60.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 6f8a8e92-fd93-4e78-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		120.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2014	
Mailing Address 100 Asbury Ct		Amount 60.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : ebbd28ff-22f2-4f2c-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1278 OF 1704
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination 07 / 07 / 2014	
Mailing Address 100 Asbury Ct		Amount 60.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : aa572c6d-6fdb-4f53-b Date of Disbursement or Obligation 07 / 07 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination 07 / 08 / 2014	
Mailing Address 100 Asbury Ct		Amount 60.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : f3eb9aca-8fa2-4c31-b Date of Disbursement or Obligation 07 / 08 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

01

 /

30

 /

2015

Signature

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 100 Asbury Ct		Amount 60.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 442d19d7-67ad-4ca8-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 100 Asbury Ct		Amount 60.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 694088e0-f420-4736-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014	
Mailing Address 100 Asbury Ct		Amount 30.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 8881aa77-313d-4ce0-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Three 7-segment displays are shown, each with a different format. The first display shows '01' with 'M' above the first segment and 'M' above the second segment. The second display shows '30' with 'D' above the first segment and 'D' above the second segment. The third display shows '2015' with 'Y' above the first segment, 'Y' above the second segment, 'Y' above the third segment, and 'Y' above the fourth segment.

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 100 Asbury Ct		Amount 40.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 8cd1aeaa-8efe-43e0-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1282 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Jon E Conner			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 16 / 2014	
Mailing Address 100 Asbury Ct			Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 671df3f5-8a5a-42c1-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 16 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Jon E Conner			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 100 Asbury Ct			Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 527ba90a-41d7-407a-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1283 OF 1704
 FOR LINE 24 OF FORM 3X

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 Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014	
Mailing Address 100 Asbury Ct		Amount 50.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 44cb4212-298d-494d-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014	
Mailing Address 100 Asbury Ct		Amount 60.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 03418b13-1208-41db-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1284 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jon E Conner			Date of Public Distribution/Dissemination 07 / 21 / 2014		
Mailing Address 100 Asbury Ct			Amount 60.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : a46c0142-c8f9-4c88-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 07 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jon E Conner			Date of Public Distribution/Dissemination 07 / 22 / 2014		
Mailing Address 100 Asbury Ct			Amount 60.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : ca405cc9-9f97-40e1-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 07 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			120.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 01 / 30 / 2015		

Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 105 South Dale St		Amount 30.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : d2a202fa-9e4b-4d8f-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1286 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014		
Mailing Address 105 South Dale St			Amount 18.30		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 5763d799-859c-472f-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Mary Johnson			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014		
Mailing Address 105 South Dale St			Amount 30.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 2bc17467-31f5-4e57-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			48.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 112 apache Dr		Amount 38.10	
City Search	State AR	Zip Code 72149	Transaction ID : 90fc6094-f874-4a6e-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	123.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Three examples of 1D barcodes are shown, each with a label above it: MM01, DD30, and YYYY2015. The MM01 barcode has two 'M' labels above the first two bars. The DD30 barcode has two 'D' labels above the first two bars. The YYYY2015 barcode has four 'Y' labels above the first four bars.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1288 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 15.00		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 1bca203a-d0c8-41b1-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 4.35		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 488100fd-1581-4a01-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			19.35		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1289 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination 07 / 25 / 2014		
Mailing Address 2134 Tobaccoville Rd			Amount 15.00		
City Rural Hall	State NC	Zip Code 27045	Transaction ID : 093eec67-3391-44b2-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination 07 / 24 / 2014		
Mailing Address 1025 Cayley Ct			Amount 55.00		
City High Point	State NC	Zip Code 27260	Transaction ID : f0b0b8b0-44b7-4271-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 24 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			70.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Ms. Emily Buchanan		[Electronically Filed]	Date 01 / 30 / 2015		
Signature					

Full Name of Payee Nathan Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 1247 W Mt Comfort Rd		Amount 37.60	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : 5981ee05-66f3-4d1b-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	51.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1291 OF 1704
FOR LINE 24 OF FORM 3X

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 Nathan Smith		Date of Public Distribution/Dissemination / / 07 / 24 / 2014	
Mailing Address 1247 W Mt Comfort Rd		Amount 8.22	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : 493af37e-c349-41eb-b Date of Disbursement or Obligation / / 07 / 24 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination / / 07 / 24 / 2014	
Mailing Address 1025 Cayley Ct		Amount 55.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 14a838d6-3c1b-4d63-a Date of Disbursement or Obligation / / 07 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		 63.22	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 01 / 30 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1292 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination 07 / 24 / 2014		
Mailing Address 1025 Cayley Ct			Amount 12.30		
City High Point		State NC	Zip Code 27260		Transaction ID : 6575544f-1b48-4836-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 07 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Office Depot			Date of Public Distribution/Dissemination 07 / 25 / 2014		
Mailing Address 401 North US HWY 190			Amount 132.13		
City Covington		State LA	Zip Code 70433		Transaction ID : 4cafae7e-fd94-4500-8
Purpose of Expenditure Flyers		Category/Type 006		Date of Disbursement or Obligation 07 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			144.43		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1293 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Serena A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 7151 Mullins Drive			Amount 100.00	
City Saltville	State VA	Zip Code 24370	Transaction ID : 7ec80b4d-96eb-45f5-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Serena A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014	
Mailing Address 7151 Mullins Drive			Amount 30.60	
City Saltville	State VA	Zip Code 24370	Transaction ID : 880f16cf-f39e-4c54-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			130.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1294 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Serena A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 7151 Mullins Drive			Amount 90.00	
City Saltville	State VA	Zip Code 24370	Transaction ID : 1cc2d98d-20e5-4b68-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Serena A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 7151 Mullins Drive			Amount 23.70	
City Saltville	State VA	Zip Code 24370	Transaction ID : b4fd4585-683d-4dbc-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			113.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1295 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Serena A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 7151 Mullins Drive			Amount 80.00	
City Saltville	State VA	Zip Code 24370	Transaction ID : 24c134a4-8a0a-47c1-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Serena A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 7151 Mullins Drive			Amount 23.40	
City Saltville	State VA	Zip Code 24370	Transaction ID : 6c273f29-4b35-4cf2-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			103.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015	
Signature				

Full Name of Payee Steven Best		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 103 Washington Ave		Amount Amount 40.00	
City Newport	State NC	Zip Code 28570	Transaction ID : 0de1bc14-79bf-410f-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Amount 1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1297 OF 1704
 FOR LINE 24 OF FORM 3X

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 Steven Best			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 103 Washington Ave			Amount 4.38	
City Newport	State NC	Zip Code 28570	Transaction ID : 90fb51b0-3053-44a9-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Virginia M Stevens			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 1691 Fork Mtn Rd			Amount 50.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : f95cf447-974b-48d6-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	54.38
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY

01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1298 OF 1704
FOR LINE 24 OF FORM 3X

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			MM / DD / YYYY	
Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014		
Mailing Address 1691 Fork Mtn Rd		Amount 21.90		
City Bakersville	State NC	Zip Code 28705	Transaction ID : 78cf2599-b7e1-4c24-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Malinda Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014		
Mailing Address 44 Bell Street Ext		Amount 50.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : e52472bf-545d-421a-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		71.90		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) 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.				
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015		
		[Electronically Filed]		

Full Name of Payee Allie Butler		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 1676 Shady Creek Rd		Amount 40.00	
City Ayden	State NC	Zip Code 28513	Transaction ID : a9466212-d658-404c-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	61.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date _____

Signature

Full Name of Payee John Voholetz		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 718 N MacMillan Avenue		Amount 35.00	
City Wilmington	State NC	Zip Code 28803	Transaction ID : 80b81efe-9c25-4028-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		38.15
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) 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.

Date _____

Signature

Three 7-segment displays are shown, each with a different date format. The first display shows '01' with 'M' above the top-left and top-right segments. The second display shows '30' with 'D' above the top-left and top-right segments. The third display shows '2015' with 'Y' above each of the four segments.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1301 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee John Voholetz			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014		
Mailing Address 718 N MacMillan Avenue			Amount 4.50		
City Wilmington	State NC	Zip Code 28803	Transaction ID : 302b22f1-62de-465b-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jennie Butler			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014		
Mailing Address 1676 Shady Creek Rd			Amount 20.00		
City Ayden	State NC	Zip Code 28513	Transaction ID : 8d405911-1c1c-4414-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			24.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Emily Butler		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 1676 Shady Creek Rd		Amount 42.50	
City Ayden	State NC	Zip Code 28513	Transaction ID : 9b2d3362-91f8-4e6f-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	51.35
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Three examples of 1D barcodes are shown, each consisting of a header and a data field. The first barcode has the header 'MM' and the data '01'. The second has the header 'DD' and the data '30'. The third has the header 'YYYY' and the data '2015'. Each header and data field is represented by a series of vertical bars of varying heights.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1303 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Emily Butler			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 25 / 2014		
Mailing Address 1676 Shady Creek Rd			Amount 3.15		
City Ayden	State NC	Zip Code 28513	Transaction ID : 6224023b-ef86-45ac-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Solveig Lysne			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 25 / 2014		
Mailing Address 7121 Oyster Lane			Amount 50.00		
City Wilmington	State NC	Zip Code 28411	Transaction ID : 9154aa86-aaa8-4e02-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.15		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Ms. Emily Buchanan _____ Signature			[Electronically Filed] Date M M / D D / Y Y Y Y Y Y 01 / 30 / 2015		

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address Split Oak Drive		Amount 30.00	
City charlotte	State NC	Zip Code 28227	Transaction ID : dc2a8857-d869-4cab-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	35.76
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1305 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY			
Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address Split Oak Drive		Amount 8.40	
City charlotte	State NC	Zip Code 28227	Transaction ID : cac03450-f4a2-47d0-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Barbra L Landry		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 2992 Wright Ave		Amount 55.00	
City Fayetteville	State AR	Zip Code 72704	Transaction ID : 0f0e073e-8cb0-424b-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		63.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1306 OF 1704
FOR LINE 24 OF FORM 3X

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			MM / DD / YYYY		
Full Name of Payee Barbra L Landry			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014		
Mailing Address 2992 Wright Ave			Amount 15.30		
City Fayetteville		State AR	Zip Code 72704		Transaction ID : 8648c51a-a8da-4ab5-b
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carmen Maddrey			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014		
Mailing Address 2043 Nottingham Ln			Amount 70.00		
City Burlington		State NC	Zip Code 27215		Transaction ID : 1d001782-c102-4573-b
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			85.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Ms. Emily Buchanan		[Electronically Filed]		Date	
Signature				MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1307 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Carmen Maddrey			Date of Public Distribution/Dissemination 07 / 25 / 2014	
Mailing Address 2043 Nottingham Ln			Amount 2.70	
City Burlington	State NC	Zip Code 27215	Transaction ID : 4980ddd4-a986-4a09-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Barbara E Spritz			Date of Public Distribution/Dissemination 07 / 25 / 2014	
Mailing Address 3346 Durham St Ext			Amount 70.00	
City Burlington	State NC	Zip Code 27217	Transaction ID : 1b6a8cbc-4227-4a51-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date 01 / 30 / 2015	
Signature				

Full Name of Payee Lily Green		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 205 Medallion Circle		Amount 40.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 7966f65b-8bc6-464c-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	41.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1309 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 205 Medallion Circle			Amount 18.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 08fc35fc-dd1a-4123-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 8822 Apple St			Amount 45.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : a12a3a74-1e79-41c5-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			63.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) 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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 8822 Apple St		Amount 40.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 27679a67-7179-40ad-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 8822 Apple St		Amount 65.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : ca0f7a3f-c27a-47ee-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Trent C Oelschlaeger		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 18710 Strawberry Plant Road		Amount 45.00	
City Fayetteville	State AR	Zip Code 72704	Transaction ID : fb74bacb-b86a-4a3d-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1312 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Trent C Oelschlaeger		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014	
Mailing Address 18710 Strawberry Plant Road		Amount 11.40	
City Fayetteville	State AR	Zip Code 72704	Transaction ID : 3300a7af-c8f4-4cd2-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
		292434.22	
Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 150.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : a2f2fc98-6707-40b9-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
		1095959.94	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		161.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 8822 Apple St		Amount 55.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 975393a5-2224-420e-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	61.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Mr. Alex Peyton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 859 Hicks Rd		Amount 50.00	
City Washington	State LA	Zip Code 70589	Transaction ID : aa745e09-a9c1-4fd2-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1315 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mr. Alex Peyton			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014		
Mailing Address 859 Hicks Rd			Amount 42.00		
City Washington	State LA	Zip Code 70589	Transaction ID : 61648b97-1a75-45d7-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Steven Jean			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014		
Mailing Address 2012 Harrison Ave			Amount 100.00		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : efeb91b3-daff-4fa7-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			142.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1316 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Steven Jean		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014
Mailing Address 2012 Harrison Ave		Amount 13.50
City Winston Salem	State NC	Zip Code 27105
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 3586ffd4-5ad7-4154-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Larry Freeman		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014
Mailing Address 11214 Mesa drive		Amount 50.00
City Little rock	State AR	Zip Code 72211
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 27dec01a-4ffa-46f9-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	63.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

Full Name of Payee OBrian Price			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014		
Mailing Address 2400 Covenant Cove			Amount 12.00		
City Little Rock	State AR	Zip Code 72204	Transaction ID : df09be8f-b606-4624-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	62.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Barbara A Williams			Date of Public Distribution/Dissemination 07 / 25 / 2014		
Mailing Address 3002 Darden Rd Apt A			Amount 105.00		
City Greensboro		State NC	Zip Code 27407		Transaction ID : ba366b3f-37a6-4f5d-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 07 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination 07 / 25 / 2014		
Mailing Address 110 W Pecan St			Amount 45.00		
City Ville Platte		State LA	Zip Code 70586		Transaction ID : 2a02bc0c-4c4b-406b-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 07 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			150.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 110 W Pecan St		Amount 33.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : a44ea14e-f268-4db7-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Robin L Bennett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 3505 Beaumont St Apt 13D		Amount 35.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : 4557a55a-51d3-4a98-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	68.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1320 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Robin L Bennett			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014		
Mailing Address 3505 Beaumont St Apt 13D			Amount 48.00		
City Neosho		State MO	Zip Code 64850		Transaction ID : 9e7df6a2-003b-40d9-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Warren Gravois			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014		
Mailing Address 16005 7th St			Amount 30.00		
City Pearlington		State MS	Zip Code 39572		Transaction ID : 4959e77a-d64f-4e4e-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			78.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Brennan McAndrews		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 44188 South Baptist RD		Amount 10.00	
City Hammond	State LA	Zip Code 70403	Transaction ID : 3c685537-ddad-4a12-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
Calendar Year-To-Date Per Election for Office Sought		554635.78	District: 00 State: LA Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	11.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1322 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Brennan McAndrews			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014		
Mailing Address 44188 South Baptist RD			Amount 3.00		
City Hammond		State LA	Zip Code 70403		Transaction ID : 4e703e04-8616-4d3a-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Carey T Henderson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014		
Mailing Address 1025 Inverness Rd			Amount 90.00		
City Suthern Pines		State NC	Zip Code 28387		Transaction ID : df9128c1-a65f-4392-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			93.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1323 OF 1704
FOR LINE 24 OF FORM 3X

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 M M / D D / Y Y Y Y Y Y					
Full Name of Payee Carey T Henderson			Date of Public Distribution/Dissemination 07 / 25 / 2014		
Mailing Address 1025 Inverness Rd			Amount 10.80		
City Suthern Pines		State NC	Zip Code 28387		Transaction ID : ba02c6a5-165a-40d1-9
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation 07 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Petrina Williams			Date of Public Distribution/Dissemination 07 / 25 / 2014		
Mailing Address 3007 Darden Rd			Amount 110.00		
City Greensboro		State NC	Zip Code 27407		Transaction ID : 346a9ae4-2184-4e40-8
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation 07 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			120.80		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1324 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Petrina Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014
Mailing Address 3007 Darden Rd		Amount 27.00
City Greensboro	State NC	Zip Code 27407
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : f13192e3-0e8d-4d60-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Sherri Zerbel		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014
Mailing Address 804 Mary Ave		Amount 75.00
City Neasho	State MO	Zip Code 64850
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : f4132a5e-657e-45bf-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	102.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1325 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Sherri Zerbel			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 804 Mary Ave			Amount 20.40	
City Neasho	State MO	Zip Code 64850	Transaction ID : e213d569-9cbb-4495-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Nathan D Wirebaugh			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 7320 Red Maple Dr			Amount 30.00	
City Holland	State OH	Zip Code 43528	Transaction ID : 51ac4e52-a64a-46ed-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			50.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1326 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014		
Mailing Address 6412 Osage Dr			Amount 30.00		
City North Little rock		State AR	Zip Code 72116		Transaction ID : 9e362dc4-bc30-44d0-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014		
Mailing Address 6412 Osage Dr			Amount 6.36		
City North Little rock		State AR	Zip Code 72116		Transaction ID : 15c249d6-0ee0-4904-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36.36		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <i>Ms. Emily Buchanan</i>			Date MM / DD / YYYY 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1327 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination 07 / 25 / 2014	
Mailing Address 1434 South Avenue			Amount 90.00	
City Eden	State NC	Zip Code 27288	Transaction ID : a085eb6a-ef15-4329-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination 07 / 25 / 2014	
Mailing Address 1434 South Avenue			Amount 12.30	
City Eden	State NC	Zip Code 27288	Transaction ID : c832a099-8be5-48b8-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			102.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1328 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Bradley K Kissinger		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014	
Mailing Address 3113 Imperial Valley Dr.		Amount 55.00	
City Little Rock	State AR	Zip Code 72212	Transaction ID : 97d71947-56c5-4fa6-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Bradley K Kissinger		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014	
Mailing Address 3113 Imperial Valley Dr.		Amount 9.30	
City Little Rock	State AR	Zip Code 72212	Transaction ID : b846f3e5-8816-4154-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		64.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1329 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014
Mailing Address 629 Radiance Ave		Amount 40.00
City Metairie	State LA	Zip Code 70001
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 0e81ea8b-7b02-4f63-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014
Mailing Address 629 Radiance Ave		Amount 2.70
City Metairie	State LA	Zip Code 70001
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 780f461a-be90-4751-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	42.70
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1330 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Tarrin Lesaicherre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014	
Mailing Address 629 Radiance Ave			Amount 40.00	
City Metairie		State LA	Zip Code 70001	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : c99bc777-1c78-4374-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Tarrin Lesaicherre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014	
Mailing Address 629 Radiance Ave			Amount 2.70	
City Metairie		State LA	Zip Code 70001	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : b71c91b1-b066-490c-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
[Electronically Filed]				

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 220 Doucet Rd		Amount 3.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : a4ff35d7-cf60-4943-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	23.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1332 OF 1704
FOR LINE 24 OF FORM 3X

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 Joseph P Thierfelder Previously filed under the name Pthierfelder		Date of Public Distribution/Dissemination 07 / 25 / 2014	
Mailing Address 2411 Armstrong		Amount 95.00	
City Gastonia	State NC	Zip Code 28054	Transaction ID : faf0ca95-8f14-483c-b Date of Disbursement or Obligation 07 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Joseph P Thierfelder Previously filed under the name Pthierfelder		Date of Public Distribution/Dissemination 07 / 25 / 2014	
Mailing Address 2411 Armstrong		Amount 19.50	
City Gastonia	State NC	Zip Code 28054	Transaction ID : e55dfe7c-237e-4efb-9 Date of Disbursement or Obligation 07 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		114.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature <i>Ms. Emily Buchanan</i>		Date 01 / 30 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1333 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 308 West Main Street			Amount 110.00	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 169d04c7-b42b-43bd-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 308 West Main Street			Amount 16.92	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 0f098968-90c6-4c09-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			126.92	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015	
Signature				

Full Name of Payee Vonniqua Jackson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 111 Westchester Blvd Apt D4		Amount 40.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : 510cf090-b96f-448c-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1335 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Vonniqua Jackson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014	
Mailing Address 111 Westchester Blvd Apt D4		Amount 1.50	
City Slidell	State LA	Zip Code 70458	Transaction ID : b10e1ea6-0a14-4abc-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 45.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : e21eb381-6c3f-4285-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		46.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 3.90	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 5608a86b-658a-43ee-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Rebecca A Calvert		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 20116 Medus St		Amount 5.00	
City Covington	State LA	Zip Code 70435	Transaction ID : 55cbc7cf-05a5-4538-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	8.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1337 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Rebecca A Calvert			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014		
Mailing Address 20116 Medus St			Amount 3.03		
City Covington		State LA	Zip Code 70435		Transaction ID : e5c6627e-83a8-4226-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Lesley Lennox			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014		
Mailing Address 2305 Cleary Ave			Amount 22.50		
City Metairie		State LA	Zip Code 70001		Transaction ID : 2c083ad5-2b71-4bbb-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			25.53		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date MM / DD / YYYY 01 / 30 / 2015		
[Electronically Filed]					

Full Name of Payee Diane Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 4006 Wolkswalk Place		Amount Amount 30.00	
City Raleigh	State NC	Zip Code 27610	Transaction ID : 40429b80-439e-4ad1-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Amount 1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	32.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1339 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination 07 / 25 / 2014		
Mailing Address 4006 Wolkswalk Place			Amount 6.90		
City Raleigh	State NC	Zip Code 27610	Transaction ID : 6b745162-6481-45ba-9 Date of Disbursement or Obligation 07 / 25 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination 07 / 25 / 2014		
Mailing Address 112 apache Dr			Amount 75.00		
City Search	State AR	Zip Code 72149	Transaction ID : 06c1ea87-46a8-44b5-9 Date of Disbursement or Obligation 07 / 25 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			81.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Benjamin Hernandez		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 915 E Market Ave		Amount 75.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 71229281-04fb-4995-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	111.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1341 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Benjamin Hernandez		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014	
Mailing Address 915 E Market Ave		Amount 36.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 61306534-f1b2-400e-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
292434.22			
Full Name of Payee Cassidy Quartararo		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014	
Mailing Address 632 Cameron Court		Amount 85.00	
City Kenner	State LA	Zip Code 70065	Transaction ID : 20d76f74-69c7-4633-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
554635.78			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		121.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1342 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cassidy Quartararo			Date of Public Distribution/Dissemination 07 / 25 / 2014		
Mailing Address 632 Cameron Court			Amount 10.98		
City Kenner	State LA	Zip Code 70065	Transaction ID : b42a0702-47a9-4098-a Date of Disbursement or Obligation 07 / 25 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination 07 / 25 / 2014		
Mailing Address 12920 Kneeland Ln			Amount 35.00		
City Neosho	State MO	Zip Code 64850	Transaction ID : 01805045-a565-4116-9 Date of Disbursement or Obligation 07 / 25 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			45.98		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1343 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014		
Mailing Address 9455 Snow Camp Road			Amount 95.00		
City Snowcamp	State NC	Zip Code 27349	Transaction ID : b52eac22-aa86-4d1f-8		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014		
Mailing Address 20679 Glenbrook Terrace			Amount 65.00		
City Sterling	State VA	Zip Code 20165	Transaction ID : cc7fe05d-b1d5-43ee-a		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			160.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1344 OF 1704
FOR LINE 24 OF FORM 3X

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 M M / D D / Y Y Y Y Y Y					
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 07 / 25 / 2014		
Mailing Address 3007 Darden Rd			Amount 52.50		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 9628f856-9aa6-4edd-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 07 / 25 / 2014		
Mailing Address 3007 Darden Rd			Amount 16.80		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 52ea5d58-1c8e-499b-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			69.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1345 OF 1704
FOR LINE 24 OF FORM 3X

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 Beverly Williams			Date of Public Distribution/Dissemination / /		
Mailing Address 3007 Darden Rd			Amount 52.50		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 8ee48a90-bc04-4a01-9 Date of Disbursement or Obligation / /		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Sarinda S Dudley			Date of Public Distribution/Dissemination / /		
Mailing Address 4367 Splitlog Rd			Amount 20.00		
City Goodman	State MO	Zip Code 64843	Transaction ID : 0900a74c-57ea-4b90-a Date of Disbursement or Obligation / /		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date / / 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1346 OF 1704
 FOR LINE 24 OF FORM 3X

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 Sarinda S Dudley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 4367 Splitlog Rd		Amount 24.90	
City Goodman	State MO	Zip Code 64843	Transaction ID : 6b150253-3b2a-4612-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Alexa S Dudley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 4367 Splitlog Rd		Amount 40.00	
City Goodman	State MO	Zip Code 64843	Transaction ID : 2dfc263e-0cdb-4840-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	64.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1347 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination 07 / 25 / 2014		
Mailing Address 804 Roundabout Circle			Amount 60.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 4ebd454d-41d7-4979-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 25 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination 07 / 25 / 2014		
Mailing Address 804 Roundabout Circle			Amount 78.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : bc4c6c3c-4ee3-4e64-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 25 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			138.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Serena A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 7151 Mullins Drive		Amount 22.50	
City Saltville	State VA	Zip Code 24370	Transaction ID : 9f9a06ef-e808-44e6-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	72.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 100 Asbury Ct		Amount 50.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 4cf3b598-8641-4153-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1350 OF 1704
 FOR LINE 24 OF FORM 3X

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 Najib Mahmud		Date of Public Distribution/Dissemination MM / DD / YYYY 07 25 2014	
Mailing Address 3432 Riverrock Ct		Amount 50.00	
City Baton Rouge	State LA	Zip Code 70820	Transaction ID : 8c619b4b-8cdd-4da2-8 Date of Disbursement or Obligation MM / DD / YYYY 07 25 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Najib Mahmud		Date of Public Distribution/Dissemination MM / DD / YYYY 07 25 2014	
Mailing Address 3432 Riverrock Ct		Amount 3.30	
City Baton Rouge	State LA	Zip Code 70820	Transaction ID : 2c4553a8-0bf1-469b-a Date of Disbursement or Obligation MM / DD / YYYY 07 25 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	53.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY

01

30

2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1351 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 60.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 30b7f21f-193f-4633-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014		
Mailing Address 100 Asbury Ct			Amount 60.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 7fb9300e-5490-49d6-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			120.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Charity Zerbel		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 804 Mary Ave		Amount 20.40	
City Neosho	State MO	Zip Code 64850	Transaction ID : 59eb7791-4e9a-461e-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 1.83	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : a7bb0df2-7e79-4a8e-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		61.83
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1354 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Marysol Netro			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 26 / 2014		
Mailing Address 312 S Gunter St			Amount 40.00		
City State Zip Code Siloam Springs AR 72761		Transaction ID : 8f765bb8-da65-4496-8			
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>AR</u> ☐ President		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Rebecca Deucher			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 26 / 2014		
Mailing Address 4800 Vass Carthage Rd			Amount 70.00		
City State Zip Code Carthage NC 28394		Transaction ID : b71724cb-3f54-461f-8			
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u> ☐ President		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			110.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date M M / D D / Y Y Y Y Y Y 01 / 30 / 2015		

Full Name of Payee Barbara E Spritz		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014	
Mailing Address 3346 Durham St Ext		Amount 30.00	
City Burlington	State NC	Zip Code 27217	Transaction ID : 537a1c8f-c909-4499-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	45.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014		
Mailing Address Split Oak Drive			Amount 30.00		
City charlotte	State NC	Zip Code 28227	Transaction ID : 3520ac83-61b3-43e2-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	33.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1357 OF 1704
FOR LINE 24 OF FORM 3X

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 Amanda Boley			Date of Public Distribution/Dissemination / / 07 / 26 / 2014		
Mailing Address Split Oak Drive			Amount 9.63		
City charlotte		State NC	Zip Code 28227		Transaction ID : ffc62d6-1e95-442e-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation / / 07 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Felice Barrett			Date of Public Distribution/Dissemination / / 07 / 26 / 2014		
Mailing Address 1588 Asbury			Amount 40.00		
City Springdale		State AR	Zip Code 72762		Transaction ID : a96fc7e7-29ea-4737-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / / 07 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 49.63		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <i>Ms. Emily Buchanan</i>			[Electronically Filed] Date / / 01 / 30 / 2015		

Full Name of Payee Andrea L Hammond		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014	
Mailing Address 12920 Kneeland Ln		Amount 40.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : 18da2eed-92a7-467d-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	49.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1359 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination 07 / 26 / 2014		
Mailing Address 12920 Kneeland Ln			Amount 22.80		
City Neosho	State MO	Zip Code 64850	Transaction ID : e4d283fd-7811-48cc-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 26 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination 07 / 26 / 2014		
Mailing Address 2320 Saint Nick Dr			Amount 40.00		
City New Orleans	State LA	Zip Code 70131	Transaction ID : 7610b2d1-b6aa-4112-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 26 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			62.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Carmen Maddrey		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014	
Mailing Address 2043 Nottingham Ln		Amount 70.00	
City Burlington	State NC	Zip Code 27215	Transaction ID : 0c6935ca-0f09-45e9-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	74.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

01 / 30 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1361 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Carmen Maddrey			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014		
Mailing Address 2043 Nottingham Ln			Amount 3.60		
City Burlington	State NC	Zip Code 27215	Transaction ID : 21c4834d-6929-45b7-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014		
Mailing Address 2565 Shire Circle			Amount 5.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 127ec64f-2fb2-4bb9-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			8.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1362 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 40.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 6bf60b68-c631-4bd9-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 28.80		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 1f2a58ae-f0a4-4f1e-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			68.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1363 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ralphie Lockhart			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2014		
Mailing Address 6310 Col Glenn Rd			Amount 70.00		
City Little Rock		State AR	Zip Code 72204		Transaction ID : c0986908-d0a8-4a1b-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee OBrian Price			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2014		
Mailing Address 2400 Covenant Cove			Amount 75.00		
City Little Rock		State AR	Zip Code 72204		Transaction ID : ff97d57c-a672-461e-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			145.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1364 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee OBrian Price		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014	
Mailing Address 2400 Covenant Cove		Amount 20.70	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 520d5b55-e0af-494c-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cassidy Quartararo		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014	
Mailing Address 632 Cameron Court		Amount 65.00	
City Kenner	State LA	Zip Code 70065	Transaction ID : 62f84d6a-6ed7-46c1-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		85.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1365 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Cassidy Quartararo		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2014	
Mailing Address 632 Cameron Court		Amount 10.23	
City Kenner	State LA	Zip Code 70065	Transaction ID : 49acbc9d-6bbf-4f26-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Charity Zerbel		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2014	
Mailing Address 804 Mary Ave		Amount 45.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : 159e6eab-eb92-4b8c-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		55.23	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1366 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Charity Zerbel			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014		
Mailing Address 804 Mary Ave			Amount 1.80		
City Neosho	State MO	Zip Code 64850	Transaction ID : 02ecc936-e39b-4d27-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Warren Gravois			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014		
Mailing Address 16005 7th St			Amount 45.00		
City Pearlington	State MS	Zip Code 39572	Transaction ID : 5e760049-d6fc-454f-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1367 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Warren Gravois			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014		
Mailing Address 16005 7th St			Amount 1.80		
City Pearlington	State MS	Zip Code 39572	Transaction ID : e0eea46f-e00a-4377-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Elizabeth Hanks			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014		
Mailing Address 891 W. Melmar			Amount 35.00		
City Fayetteville	State AR	Zip Code 72703	Transaction ID : af6cab70-efe2-4610-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY / / MM / DD / YYYY / / MM / DD / YYYY / /					
Full Name of Payee Elizabeth Hanks			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014		
Mailing Address 891 W. Melmar			Amount 9.00		
City Fayetteville	State AR	Zip Code 72703	Transaction ID : 4a39c503-5d37-4d86-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014		
Mailing Address 4006 Wolkswalk Place			Amount 30.00		
City Raleigh	State NC	Zip Code 27610	Transaction ID : 8fee6aea-e77f-46a9-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			39.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination 07 / 26 / 2014		
Mailing Address 4006 Wolkswalk Place			Amount 4.50		
City Raleigh	State NC	Zip Code 27610	Transaction ID : 0ef3d676-cac4-46a0-9 Date of Disbursement or Obligation 07 / 26 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ethan Cranford			Date of Public Distribution/Dissemination 07 / 26 / 2014		
Mailing Address 2012 Caleb Drive			Amount 35.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 246be7eb-88e5-4ec3-b Date of Disbursement or Obligation 07 / 26 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			39.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Robin L Bennett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014	
Mailing Address 3505 Beaumont St Apt 13D		Amount 45.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : e2182ccc-0cb7-4d8d-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	73.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1371 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Robin L Bennett			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2014		
Mailing Address 3505 Beaumont St Apt 13D			Amount 36.00		
City Neosho		State MO	Zip Code 64850		Transaction ID : 6c57d6cb-21aa-4f24-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Peter Sahuc			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2014		
Mailing Address 107 Phillip Ave			Amount 50.00		
City Lafayette		State LA	Zip Code 70503		Transaction ID : 8bc21231-a0ec-4deb-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			86.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Peter Sahuc		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014	
Mailing Address 107 Phillip Ave		Amount 4.26	
City Lafayette	State LA	Zip Code 70503	Transaction ID : f00e2fc7-985e-44fa-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ►

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014	
Mailing Address 110 W Pecan St		Amount 60.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 6d03d6fc-8539-4d54-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	64.26
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1373 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014	
Mailing Address 110 W Pecan St		Amount 35.70	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : be573b5f-4f79-4ee0-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Nathan D Wirebaugh		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014	
Mailing Address 7320 Red Maple Dr		Amount 80.00	
City Holland	State OH	Zip Code 43528	Transaction ID : 4b7d6f2d-48f6-45db-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		115.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		[Electronically Filed] Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	

Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014	
Mailing Address 3007 Darden Rd		Amount 70.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 51cf1447-f55f-4b76-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014	
Mailing Address 3007 Darden Rd		Amount 14.70	
City Greensboro	State NC	Zip Code 27407	Transaction ID : a89ed4f4-a566-49ff-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	84.70
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014	
Mailing Address 1025 Cayley Ct		Amount 70.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 5a827b31-599e-47a2-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

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.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1376 OF 1704
FOR LINE 24 OF FORM 3X

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 M M / D D / Y Y Y Y Y Y					
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 26 / 2014		
Mailing Address 1025 Cayley Ct			Amount 19.50		
City High Point		State NC	Zip Code 27260		Transaction ID : d0ec8bff-30e2-4b8b-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 26 / 2014
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 26 / 2014		
Mailing Address 1025 Cayley Ct			Amount 70.00		
City High Point		State NC	Zip Code 27260		Transaction ID : 393777a2-8bde-4d17-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 26 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			89.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Ms. Emily Buchanan Signature			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1377 OF 1704
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 26 / 2014	
Mailing Address 1025 Cayley Ct		Amount 18.30	
City High Point	State NC	Zip Code 27260	Transaction ID : 81dd9655-f95c-480c-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Lily Green		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2014	
Mailing Address 205 Medallion Circle		Amount 30.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 053633a3-f851-471f-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	48.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2015

Full Name of Payee Lily Green		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014	
Mailing Address 205 Medallion Circle		Amount 17.10	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 1aa0765a-6aa5-48ca-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Courtney Goldstein		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014	
Mailing Address 1809 N Woodlawn		Amount 40.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : e2a77650-1a4a-4e03-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	57.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1379 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Courtney Goldstein			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014		
Mailing Address 1809 N Woodlawn			Amount 2.40		
City Metairie	State LA	Zip Code 70001	Transaction ID : 35681455-de3a-4448-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014		
Mailing Address 1700 E Part Ave			Amount 75.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 22200ea9-ab97-4700-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			77.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1380 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014		
Mailing Address 1700 E Part Ave			Amount 79.41		
City Searcy	State AR	Zip Code 72149	Transaction ID : d62cc260-bd71-4f9d-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Anna Harris			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014		
Mailing Address 3654 Tara St			Amount 50.00		
City Springdale	State AR	Zip Code 72762	Transaction ID : 5f768156-8ae8-472a-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			129.41		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1381 OF 1704
FOR LINE 24 OF FORM 3X

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			MM / DD / YYYY	
Full Name of Payee Anna Harris		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014		
Mailing Address 3654 Tara St		Amount 16.50		
City Springdale	State AR	Zip Code 72762	Transaction ID : 5cf1e9df-ab6d-4513-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014		
Mailing Address 1103 West Wilson Street		Amount 70.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 510de10c-916b-411d-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		86.50		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1382 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014	
Mailing Address 1103 West Wilson Street		Amount 31.50	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : cb70ace0-f70e-40e8-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 50.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 2c7635f5-53f0-45aa-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		81.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Larry Freeman		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014	
Mailing Address 11214 Mesa drive		Amount 75.00	
City Little rock	State AR	Zip Code 72211	Transaction ID : 3a1a442d-04b5-48d4-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		80.40
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1384 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014	
Mailing Address 6101 NORA ST		Amount 90.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : cd283007-cf3b-4286-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jessica Habakjian		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014	
Mailing Address 4193 W. Lang St		Amount 50.00	
City Farmville	State NC	Zip Code 27828	Transaction ID : 1d1f4034-9b04-4074-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		140.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan Signature		[Electronically Filed] Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014	
Mailing Address 220 Doucet Rd		Amount 35.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : b6cc70b7-4bd1-486a-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Three 7-segment displays are shown, each with a different format. The first display shows '01' with 'M' above the first segment and 'M' above the second segment. The second display shows '30' with 'D' above the first segment and 'D' above the second segment. The third display shows '2015' with 'Y' above the first segment, 'Y' above the second segment, 'Y' above the third segment, and 'Y' above the fourth segment.

Full Name of Payee Jon Linch		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014	
Mailing Address 6108 Harkins Ave		Amount 70.00	
City Little Rock	State AR	Zip Code 72210	Transaction ID : 6cd1c39d-915f-4a29-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	72.76
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1387 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Jon Linch		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014
Mailing Address 6108 Harkins Ave		Amount 19.50
City Little Rock	State AR	Zip Code 72210
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : e0f38abd-6b1f-4755-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014
Mailing Address 629 Radiance Ave		Amount 70.00
City Metairie	State LA	Zip Code 70001
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : e9ac502d-051e-4cc1-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	89.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1388 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination 07 / 26 / 2014	
Mailing Address 629 Radiance Ave			Amount 4.80	
City Metairie	State LA	Zip Code 70001	Transaction ID : 11336361-703f-4e15-9 Date of Disbursement or Obligation 07 / 26 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tarrin Lesaicherre			Date of Public Distribution/Dissemination 07 / 26 / 2014	
Mailing Address 629 Radiance Ave			Amount 70.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : f9793ad7-d59a-488f-8 Date of Disbursement or Obligation 07 / 26 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			74.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1389 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Tarrin Lesaicherre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2014		
Mailing Address 629 Radiance Ave			Amount 4.80		
City Metairie		State LA	Zip Code 70001		Transaction ID : b911a784-bc5a-4da6-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Tabetha D Espenschied			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2014		
Mailing Address 2002 East Park Ave Apt 40			Amount 100.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 1027f755-6c51-4c7f-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292434.22 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			104.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1390 OF 1704
 FOR LINE 24 OF FORM 3X

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 Kenny Wallis			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014		
Mailing Address 6412 Osage Dr			Amount 25.00		
City North Little rock	State AR	Zip Code 72116	Transaction ID : a7abbc8d-0b6c-45f0-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Mr. Mark L Pryor ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014		
Mailing Address 6412 Osage Dr			Amount 3.15		
City North Little rock	State AR	Zip Code 72116	Transaction ID : 8355d7b0-d89b-4771-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Mr. Mark L Pryor ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	28.15
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Mr. Elizabeth Allison		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014	
Mailing Address 157 Bishop Drive		Amount 12.50	
City Avondale	State LA	Zip Code 70094	Transaction ID : e3bc0588-70b4-4e83-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Laura Rose Porter		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014	
Mailing Address 227 Fairgrounds Road		Amount 12.50	
City Natchitoches	State LA	Zip Code 71457	Transaction ID : 7ad64758-f929-4e69-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	25.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Full Name of Payee Laura Rose Porter		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014	
Mailing Address 227 Fairgrounds Road		Amount 1.80	
City Natchitoches	State LA	Zip Code 71457	Transaction ID : 552970a6-d9c3-4671-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Amelia Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014	
Mailing Address 804 Roundabout Circle		Amount 100.00	
City	State	Zip Code	Transaction ID : 6631778c-3f2a-4d3f-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
		292434.22	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	101.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1393 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Amelia Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014	
Mailing Address 804 Roundabout Circle		Amount 80.40	
City Searcy	State AR	Zip Code 72143	Transaction ID : 5ed6ed17-9c02-41ad-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 70.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 25655916-00ee-4d45-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		150.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Serena A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014	
Mailing Address 7151 Mullins Drive		Amount 40.00	
City Saltville	State VA	Zip Code 24370	Transaction ID : 6579cdc3-6be5-4922-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		45.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1395 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Serena A Jones			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2014		
Mailing Address 7151 Mullins Drive			Amount 23.70		
City Saltville		State VA	Zip Code 24370		Transaction ID : 61d94eb5-436c-4a80-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Taylor N Randall			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 27 / 2014		
Mailing Address 2002 E Park Ave Apt 40			Amount 150.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 76171ded-b218-40a5-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			173.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 27 / 2014	
Mailing Address 2002 E Park Ave Apt 40		Amount 113.64	
City	State	Zip Code	Transaction ID : abd150d0-5622-4753-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 27 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Reagan Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 27 / 2014	
Mailing Address 502 E Center Ave		Amount 100.00	
City	State	Zip Code	Transaction ID : e2a0a027-f3f9-413b-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 27 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
		292434.22	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	213.64
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 27 / 2014	
Mailing Address 7214 Duchamp Dr		Amount 10.80	
City Charlotte	State NC	Zip Code 23215	Transaction ID : c7758d15-468e-4918-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 27 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1398 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination 07 / 27 / 2014		
Mailing Address 2320 Saint Nick Dr			Amount 50.00		
City New Orleans	State LA	Zip Code 70131	Transaction ID : 1864ef85-5ad7-46ee-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 27 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination 07 / 27 / 2014		
Mailing Address 2320 Saint Nick Dr			Amount 3.00		
City New Orleans	State LA	Zip Code 70131	Transaction ID : 7ee81c80-5d34-49e3-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 27 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Felice Barrett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 27 / 2014	
Mailing Address 1588 Asbury		Amount 7.26	
City Springdale	State AR	Zip Code 72762	Transaction ID : 0367a871-fe5f-434b-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 27 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Three 7-segment displays are shown, each with a different format: MM/DD/YYYY. The first display shows '01' for the month and '30' for the day. The second display shows '2015' for the year. The third display shows '01' for the month, '30' for the day, and '2015' for the year.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1400 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Brooke Graphia			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 27 / 2014	
Mailing Address 2306 Brownlee Rd.			Amount 10.00	
City Bossier City	State LA	Zip Code 71111	Transaction ID : 550d2eb5-2e68-4516-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brooke Graphia			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 27 / 2014	
Mailing Address 2306 Brownlee Rd.			Amount 1.23	
City Bossier City	State LA	Zip Code 71111	Transaction ID : d7ec245a-1f64-459d-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			11.23	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Dylan Simon		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 27 / 2014	
Mailing Address 111 Millrock Drive		Amount 9.12	
City Lafayette	State LA	Zip Code 70508	Transaction ID : 6e54c586-0496-4e87-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 27 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	31.29
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee James Antonetz		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 27 / 2014	
Mailing Address 11127 Gila Valley Dr		Amount 9.60	
City Little Rock	State AR	Zip Code 72212	Transaction ID : Odd83c42-4490-4341-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 27 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 27 / 2014		
Mailing Address 1025 Cayley Ct			Amount 25.80		
City	State	Zip Code	Transaction ID : 3aa70180-3b72-4af5-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 27 / 2014		
High Point	NC	27260			
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought		1095959.94		District: 00 State: NC Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 27 / 2014	
Mailing Address 1025 Cayley Ct		Amount 65.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 33b346a1-a36a-47f4-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 27 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 27 / 2014	
Mailing Address 1025 Cayley Ct		Amount 25.50	
City High Point	State NC	Zip Code 27260	Transaction ID : c45c46a5-b192-48b7-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 27 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1405 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Najib Mahmud			Date of Public Distribution/Dissemination 07 / 27 / 2014		
Mailing Address 3432 Riverrock Ct			Amount 50.00		
City Baton Rouge	State LA	Zip Code 70820	Transaction ID : a9abe373-8a5f-4693-9 Date of Disbursement or Obligation 07 / 27 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Najib Mahmud			Date of Public Distribution/Dissemination 07 / 27 / 2014		
Mailing Address 3432 Riverrock Ct			Amount 3.60		
City Baton Rouge	State LA	Zip Code 70820	Transaction ID : bb55ef50-917a-4ebb-9 Date of Disbursement or Obligation 07 / 27 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1406 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 27 / 2014		
Mailing Address 110 W Pecan St			Amount 70.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 2a2828b4-26a4-41f2-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 27 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 27 / 2014		
Mailing Address 110 W Pecan St			Amount 34.50		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : b00cbbcb-bdbe-4641-b		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 27 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			104.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1407 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 27 / 2014		
Mailing Address 6101 NORA ST			Amount 70.00		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : e0450d89-b056-4779-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 27 / 2014		
Mailing Address 6101 NORA ST			Amount 0.60		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : 518554d7-256b-40d8-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			70.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

Full Name of Payee Courtney Goldstein		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 27 / 2014	
Mailing Address 1809 N Woodlawn		Amount 3.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : b16f5f20-e426-4834-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 27 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	28.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 27 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 5.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 646d4eed-3d6e-4a88-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 27 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 0.30	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 188f39c7-e30f-46c3-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 27 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	5.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Three examples of 1D barcodes are shown, each with a label above it: MM01, DD30, and YYYY2015. The MM01 barcode has two 'M' labels above the first two bars. The DD30 barcode has two 'D' labels above the first two bars. The YYYY2015 barcode has four 'Y' labels above the first four bars.

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 27 / 2014	
Mailing Address 220 Doucet Rd		Amount 3.51	
City Lafayette	State LA	Zip Code 70503	Transaction ID : a789f042-f2af-4bf9-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 27 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	38.51
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1411 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jon Lynch			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 27 / 2014	
Mailing Address 6108 Harkins Ave			Amount 30.00	
City Little Rock		State AR	Zip Code 72210	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : b8400291-8c5b-4ed7-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Jon Lynch			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 27 / 2014	
Mailing Address 6108 Harkins Ave			Amount 9.00	
City Little Rock		State AR	Zip Code 72210	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : 3c31568d-d4f1-49cc-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			39.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 105 South Dale St		Amount 70.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 16b38702-7095-4b0d-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Mary Johnson			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014		
Mailing Address 105 South Dale St			Amount 70.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 01ae05a0-6ef3-41df-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	92.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

01 / 30 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1414 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee John Voholetz		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014
Mailing Address 718 N MacMillan Avenue		Amount 60.00
City Wilmington	State NC	Zip Code 28803
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 9043fb97-050f-4bcf-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee John Voholetz		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014
Mailing Address 718 N MacMillan Avenue		Amount 6.90
City Wilmington	State NC	Zip Code 28803
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : d0dd9c39-b396-45c2-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	66.90
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1415 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination 07 / 26 / 2014	
Mailing Address 20679 Glenbrook Terrace			Amount 15.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : 37298619-a078-429c-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination 07 / 28 / 2014	
Mailing Address 7214 Duchamp Dr			Amount 25.00	
City Charlotte	State NC	Zip Code 23215	Transaction ID : 738bdaf0-321d-492c-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			40.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1416 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014
Mailing Address 7214 Duchamp Dr		Amount 10.80
City Charlotte	State NC	Zip Code 23215
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 34c8247b-58a2-4df9-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jessica Habakjian		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014
Mailing Address 4193 W. Lang St		Amount 55.00
City Farmville	State NC	Zip Code 27828
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : a1a19e71-bc25-4747-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	65.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 2565 Shire Circle		Amount Amount 20.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 29a2a125-d6b2-470f-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought Amount 1095959.94		District: 00 State: NC Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	34.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1419 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Barbara E Spritz			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 28 / 2014	
Mailing Address 3346 Durham St Ext			Amount 65.00	
City Burlington	State NC	Zip Code 27217	Transaction ID : 92b28817-bbe7-4232-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Barbara E Spritz			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 28 / 2014	
Mailing Address 3346 Durham St Ext			Amount 3.30	
City Burlington	State NC	Zip Code 27217	Transaction ID : 920fc84d-91cf-476e-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			68.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M / D D / Y Y Y Y Y Y 01 / 30 / 2015	
Signature				

Full Name of Payee Allie Butler			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014		
Mailing Address 1676 Shady Creek Rd			Amount 36.60		
City Ayden	State NC	Zip Code 28513	Transaction ID : 1f6a4dd-3fd0-40d2-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Steven Jean			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014		
Mailing Address 2012 Harrison Ave			Amount 80.00		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 7682ce6a-118c-42d2-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	116.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1421 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Steven Jean			Date of Public Distribution/Dissemination 07 / 28 / 2014		
Mailing Address 2012 Harrison Ave			Amount 9.00		
City State Zip Code Winston Salem NC 27105		Transaction ID : 0abbfb4e-3a47-4318-8 Date of Disbursement or Obligation 07 / 28 / 2014			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Emily Butler			Date of Public Distribution/Dissemination 07 / 28 / 2014		
Mailing Address 1676 Shady Creek Rd			Amount 39.20		
City State Zip Code Ayden NC 28513		Transaction ID : fed51da8-d0f9-47f0-a Date of Disbursement or Obligation 07 / 28 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			48.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1422 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Virginia M Stevens			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014		
Mailing Address 1691 Fork Mtn Rd			Amount 40.00		
City Bakersville	State NC	Zip Code 28705	Transaction ID : 3ca89050-1fcd-4cce-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Virginia M Stevens			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014		
Mailing Address 1691 Fork Mtn Rd			Amount 17.10		
City Bakersville	State NC	Zip Code 28705	Transaction ID : bfb4553-e0e3-4a88-8		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			57.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1423 OF 1704
 FOR LINE 24 OF FORM 3X

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 Sarah Nugent		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 2 White Oak Court		Amount 40.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 8fd6b855-33e6-4db7-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ►	

Full Name of Payee Sarah Nugent		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 2 White Oak Court		Amount 14.61	
City Searcy	State AR	Zip Code 72143	Transaction ID : 54ad9856-4974-4ac4-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	54.61
(b) SUBTOTAL of Unitemized Independent Expenditures ►	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 905 Lake Drive		Amount 15.30	
City Shelby	State NC	Zip Code 28152	Transaction ID : eca74714-9ec3-41df-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

Full Name of Payee Solveig Lysne		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 7121 Oyster Lane		Amount 2.34	
City Wilmington	State NC	Zip Code 28411	Transaction ID : 22dfdab8-831f-407c-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	26.24
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1426 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ralphie Lockhart			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014		
Mailing Address 6310 Col Glenn Rd			Amount 55.00		
City Little Rock		State AR	Zip Code 72204		Transaction ID : 91368aff-d396-4e11-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014		
Mailing Address 3654 Tara St			Amount 30.00		
City springdale		State AR	Zip Code 72762		Transaction ID : b517bdda-4da5-4307-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			85.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1427 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY / / MM / DD / YYYY / /	

Full Name of Payee Mattie Harris		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 3654 Tara St		Amount 7.80	
City springdale	State AR	Zip Code 72762	Transaction ID : 626a5d0c-eefd-41c3-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Anna Harris		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 3654 Tara St		Amount 30.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : d0b1fe07-d752-415d-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	37.80
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1428 OF 1704
FOR LINE 24 OF FORM 3X

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			MM / DD / YYYY	
Full Name of Payee Carmen Maddrey		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014		
Mailing Address 2043 Nottingham Ln		Amount 70.00		
City Burlington	State NC	Zip Code 27215	Transaction ID : 2b67b361-83b8-41a9-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carmen Maddrey		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014		
Mailing Address 2043 Nottingham Ln		Amount 3.60		
City Burlington	State NC	Zip Code 27215	Transaction ID : 3e4865ce-87de-40f4-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		73.60		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Gabriella E Hansen			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 310 West Meath Drive			Amount 20.00	
City Winterville	State NC	Zip Code 28590	Transaction ID : 459c72cd-9fff-4065-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1430 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Gabriella E Hansen			Date of Public Distribution/Dissemination 07 / 28 / 2014		
Mailing Address 310 West Meath Drive			Amount 3.60		
City Winterville	State NC	Zip Code 28590	Transaction ID : cd0bd456-29c1-49dd-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 28 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination 07 / 28 / 2014		
Mailing Address 2320 Saint Nick Dr			Amount 60.00		
City New Orleans	State LA	Zip Code 70131	Transaction ID : 23c78fb0-289b-4816-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 28 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount \$ 6.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : e9424f0d-6e55-45bc-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Ms. Chassidy Menard		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 515 Walter Dr.		Amount 10.00	
City Lafayette	State LA	Zip Code 70507	Transaction ID : 0fec01d0-baa9-4e7c-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1432 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Ms. Chassidy Menard		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 515 Walter Dr.		Amount 1.50	
City Lafayette	State LA	Zip Code 70507	Transaction ID : 5a454ab8-c794-4997-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Marysol Netro		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 312 S Gunter St		Amount 50.00	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : 574e1940-cb4d-4d05-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		51.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Barbara A Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 3002 Darden Rd Apt A		Amount 100.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 079731a1-b70a-416f-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	109.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Date _____

Signature

Three examples of 1D barcodes are shown, each with a label above it: MM01, DD30, and YYYY2015. The MM01 barcode has two 'M' labels above the first two bars. The DD30 barcode has two 'D' labels above the first two bars. The YYYY2015 barcode has four 'Y' labels above the first four bars.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1434 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Sarah Biviano			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014		
Mailing Address 603 Greenwood Dr			Amount 40.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 78e03642-85d2-4003-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014		
Mailing Address 3007 Darden Rd			Amount 95.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : e382229e-4090-475c-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			135.00		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1435 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014		
Mailing Address 3007 Darden Rd			Amount 26.10		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 6740a50a-f299-47d1-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014		
Mailing Address 3007 Darden Rd			Amount 95.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : b1e7b7be-aa1e-4bdc-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			121.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1436 OF 1704
FOR LINE 24 OF FORM 3X

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 Mr. Alex Peyton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 859 Hicks Rd		Amount 70.00	
City Washington	State LA	Zip Code 70589	Transaction ID : b382018c-69fb-4658-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Mr. Alex Peyton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 859 Hicks Rd		Amount 39.00	
City Washington	State LA	Zip Code 70589	Transaction ID : 54aaef73-ed5a-48f0-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	109.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Warren Gravois		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 16005 7th St		Amount 0.60	
City Pearlington	State MS	Zip Code 39572	Transaction ID : a144af61-b3b2-43e2-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	20.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Malinda Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 44 Bell Street Ext		Amount 40.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 584047cf-f373-427d-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	81.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1441 OF 1704
FOR LINE 24 OF FORM 3X

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			MM / DD / YYYY	
Full Name of Payee Malinda Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014		
Mailing Address 44 Bell Street Ext		Amount 17.10		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 9af316d0-cc71-4012-8	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Timothy Foley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014		
Mailing Address 20679 Glenbrook Terrace		Amount 35.00		
City Sterling	State VA	Zip Code 20165	Transaction ID : 2c8f97f5-76b3-4f4a-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		52.10		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Reagan Brackett			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014		
Mailing Address 502 E Center Ave			Amount 60.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 0e7b24bc-13d2-4243-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

01 / 30 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1443 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Reagan Brackett			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 502 E Center Ave			Amount 73.44	
City Searcy	State AR	Zip Code 72143	Transaction ID : 533a6d94-06f2-4077-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Elizabeth DeMaine			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 75 Stephenson Ln			Amount 15.00	
City Sheridan	State AR	Zip Code 72143	Transaction ID : c6ade50e-5be9-4d66-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			88.44	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Felice Barrett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 1588 Asbury		Amount 30.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : 7ee5011e-7549-4b81-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	67.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<!-- Empty box -->
(c) TOTAL Independent Expenditures.....	▶	<!-- Empty box -->

Signature

Full Name of Payee Felice Barrett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 1588 Asbury		Amount 10.02	
City Springdale	State AR	Zip Code 72762	Transaction ID : 06b87f79-6175-49a1-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Theresa A Touchet		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 102 French Street #3		Amount 5.00	
City New Orleans	State LA	Zip Code 70124	Transaction ID : cc10800f-b906-4910-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	554635.78		

(a) SUBTOTAL of Itemized Independent Expenditures.....	15.02
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1446 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Theresa A Touchet			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014		
Mailing Address 102 French Street #3			Amount 0.30		
City New Orleans		State LA	Zip Code 70124		Transaction ID : e524d0be-a199-4c4d-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Petrina Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014		
Mailing Address 3007 Darden Rd			Amount 101.50		
City Greensboro		State NC	Zip Code 27407		Transaction ID : e7ce0bc9-ce3e-4c6e-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			101.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 2305 Cleary Ave		Amount 22.50	
City Metairie	State LA	Zip Code 70001	Transaction ID : 02078a9b-a90a-4ddf-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	44.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Signature

Full Name of Payee Lily Green		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 205 Medallion Circle		Amount 70.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 526e96ce-2b18-4be0-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	71.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1449 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014		
Mailing Address 205 Medallion Circle			Amount 26.10		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 2a54c0f3-f681-400b-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Theresa Burkhart			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014		
Mailing Address 3126 Chester Ct			Amount 30.00		
City Metairie	State LA	Zip Code 70006	Transaction ID : 98aed291-8f09-446a-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			56.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

Full Name of Payee Theresa Burkhart		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 3126 Chester Ct		Amount 5.49	
City	State	Zip Code	Transaction ID : e04f1fa4-7b35-46fa-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Metairie	LA	70006	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
		554635.78	

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 6412 Osage Dr		Amount 25.00	
City North Little rock	State AR	Zip Code 72116	Transaction ID : fb5f792d-a587-4b9a-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	30.49
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1451 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014		
Mailing Address 6412 Osage Dr			Amount 4.62		
City North Little rock		State AR	Zip Code 72116		Transaction ID : d69ceed9-1ff1-40f2-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christine Stevens			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014		
Mailing Address 100 Asbury Ct			Amount 70.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 0ae55272-7c37-4afa-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			74.62		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 100 Asbury Ct		Amount 60.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 8d7d0bbc-6c50-4edd-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		130.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1453 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 60.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 5966d21d-ba9f-41d0-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cassidy Quartararo			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014		
Mailing Address 632 Cameron Court			Amount 30.00		
City Kenner		State LA	Zip Code 70065		Transaction ID : be5e2ea0-fb8b-48ac-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 100 Asbury Ct		Amount 40.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : b5f9414c-23a3-4491-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 110 W Pecan St		Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : b1dc18d5-d9ad-4185-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought		554635.78	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1455 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014	
Mailing Address 110 W Pecan St		Amount 33.60	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 3543bd35-9f3c-4eaa-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Bradley K Kissinger		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014	
Mailing Address 3113 Imperial Valley Dr.		Amount 30.00	
City Little Rock	State AR	Zip Code 72212	Transaction ID : 3766844b-13f3-4dc8-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		63.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1456 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Bradley K Kissinger		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014	
Mailing Address 3113 Imperial Valley Dr.		Amount 6.00	
City Little Rock	State AR	Zip Code 72212	Transaction ID : 8418e7d8-e474-4fb5-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Larry Freeman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014	
Mailing Address 11214 Mesa drive		Amount 70.00	
City Little rock	State AR	Zip Code 72211	Transaction ID : 1beefe9e-e14a-44f4-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		76.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
[Electronically Filed]			

Full Name of Payee OBrian Price		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 2400 Covenant Cove		Amount 18.30	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 5e31540c-4b97-49f6-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	88.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014		
Mailing Address 1434 South Avenue			Amount 17.70		
City Eden	State NC	Zip Code 27288	Transaction ID : 76283bf4-44da-497b-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	107.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1459 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 1103 West Wilson Street		Amount 55.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 6f34562f-cb98-44d6-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 1103 West Wilson Street		Amount 33.30	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 593136a0-a4ec-48dd-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		88.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1460 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014	
Mailing Address 1410 Bushville drive			Amount 100.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 116608fe-c776-4cf3-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014	
Mailing Address 1410 Bushville drive			Amount 14.10	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 08732aac-dbaf-49ea-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			114.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1461 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 7.50	
City Little Rock	State AR	Zip Code 72205	Transaction ID : b5e63099-2504-43f6-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 1.20	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 67cc6704-53a8-4d7e-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		8.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

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 Taylor N Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 2002 E Park Ave Apt 40		Amount 60.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 68ff609a-6c12-46bb-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 07 / 28 / 2014	
Mailing Address 2002 E Park Ave Apt 40		Amount 26.10	
City Searcy	State AR	Zip Code 72143	Transaction ID : 0549ddc1-ed68-4f9d-a Date of Disbursement or Obligation M M / D D / Y Y Y Y 07 / 28 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
District: 00 State: AR		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		292434.22	

(a) SUBTOTAL of Itemized Independent Expenditures.....	86.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date _____

Signature

Three examples of 1D barcodes are shown, each with a label above it: MM01, DD30, and YYYY2015. The MM01 barcode has two 'M' labels above the first two bars. The DD30 barcode has two 'D' labels above the first two bars. The YYYY2015 barcode has four 'Y' labels above the first four bars.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1463 OF 1704
FOR LINE 24 OF FORM 3X

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 Tabetha D Espenschied			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014		
Mailing Address 2002 East Park Ave Apt 40			Amount 60.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 8d441cc0-e92f-44a2-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014		
Mailing Address 220 Doucet Rd			Amount 27.00		
City Lafayette		State LA	Zip Code 70503		Transaction ID : 3859661c-d02d-4a2e-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			87.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u>			Date 01 / 30 / 2015		

[Electronically Filed]

Full Name of Payee Cynthia Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 3001 Pendell Lane		Amount 40.00	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 6302649c-8837-4e01-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	42.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1465 OF 1704
 FOR LINE 24 OF FORM 3X

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 ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 6101 NORA ST		Amount 75.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 39c95d8f-95cd-4bf9-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 6101 NORA ST		Amount 1.20	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 1ea6f7f2-0f2c-4c95-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	76.20
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 112 apache Dr		Amount 80.00	
City Search	State AR	Zip Code 72149	Transaction ID : 7b48e409-497f-44d3-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 112 apache Dr		Amount 34.80	
City	State	Zip Code	Transaction ID : 8a0d0a35-344d-4f45-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Search	AR	72149	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	114.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Full Name of Payee Jeremy Hollar		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 121 Meadowview Drive		Amount 14.10	
City Boone	State NC	Zip Code 28607	Transaction ID : c1827272-c8bb-4766-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	74.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<!-- Empty box -->
(c) TOTAL Independent Expenditures.....	▶	<!-- Empty box -->

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 1900 Glen West Way		Amount 7.80	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 42cad377-ffdf-4438-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: AR ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	292434.22		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	47.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014		
Mailing Address 915 E Market Ave			Amount 34.80		
City	State	Zip Code	Transaction ID : 5a42fa5d-08ad-4bc5-8		
Searcy	AR	72149	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014		
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22			
		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures.....	114.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 21.24	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 108f5ab0-166d-4cb6-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	111.24
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Three 7-segment displays are shown, each with a different format. The first display shows '01' with 'M' above the first segment and 'M' above the second segment. The second display shows '30' with 'D' above the first segment and 'D' above the second segment. The third display shows '2015' with 'Y' above the first segment, 'Y' above the second segment, 'Y' above the third segment, and 'Y' above the fourth segment.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1471 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Elizabeth Hanks		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014
Mailing Address 891 W. Melmar		Amount 30.00
City Fayetteville	State AR	Zip Code 72703
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : fd84c245-0642-4832-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Elizabeth Hanks		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014
Mailing Address 891 W. Melmar		Amount 6.30
City Fayetteville	State AR	Zip Code 72703
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 79d56608-c4ba-41ad-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	36.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1472 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 629 Radiance Ave			Amount 70.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 54b26c8f-0410-4ad8-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 629 Radiance Ave			Amount 5.10	
City Metairie	State LA	Zip Code 70001	Transaction ID : 5d97a708-242f-4ca0-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1473 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Tarrin Lesaicherre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014		
Mailing Address 629 Radiance Ave			Amount 70.00		
City Metairie		State LA	Zip Code 70001		Transaction ID : f21fed19-b31f-4d46-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Tarrin Lesaicherre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014		
Mailing Address 629 Radiance Ave			Amount 5.10		
City Metairie		State LA	Zip Code 70001		Transaction ID : d04867d0-14e2-4c7b-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1474 OF 1704
 FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 50.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 98ae4564-c005-40f2-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 4.80	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 6441c4df-48a9-4b88-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	54.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1475 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 28 / 2014	
Mailing Address 1700 E Part Ave			Amount 77.50	
City Searcy	State AR	Zip Code 72149	Transaction ID : 155a528a-2d71-4267-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014	
Mailing Address 1700 E Part Ave			Amount 94.02	
City Searcy	State AR	Zip Code 72149	Transaction ID : 0b8ee82b-d8b7-430f-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			171.52	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Wayne Burckel		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 46 Glenwood Ave		Amount 0.60	
City Harahan	State LA	Zip Code 70123	Transaction ID : d2a0d01d-2ecd-4639-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		30.60
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014		
Mailing Address 1025 Cayley Ct			Amount 23.40		
City High Point	State NC	Zip Code 27260	Transaction ID : 4173ae51-dc00-4ccb-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	103.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 1025 Cayley Ct		Amount 21.60	
City High Point	State NC	Zip Code 27260	Transaction ID : 7286b605-5bb2-42ac-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	101.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Danielle Landry			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014		
Mailing Address 1089 Oleste Tauzin Road			Amount 8.40		
City Breaux Bridge	State LA	Zip Code 70517	Transaction ID : 56270f37-7df2-4c0a-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought		554635.78	District: 00 State: LA Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	➤	43.40
(b) SUBTOTAL of Unitemized Independent Expenditures	➤	
(c) TOTAL Independent Expenditures.....	➤	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1480 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Sharon Lloyd			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014		
Mailing Address 4301 Lankford			Amount 27.50		
City Springdale		State AR	Zip Code 72762		Transaction ID : 55e27223-cf52-426b-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014		
Mailing Address 924 N. Prieur St			Amount 85.00		
City New Orleans		State LA	Zip Code 70116		Transaction ID : d5d8d914-5049-4b72-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			112.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date MM / DD / YYYY 01 / 30 / 2015		
			[Electronically Filed]		

Full Name of Payee Luke T Waltermire		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 107 S Grist Mill Rd		Amount 27.00	
City Hampstead	State NC	Zip Code 28443	Transaction ID : 11d6a8e2-445a-4fd4-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☐ President	District: 00 State: NC ☒ Senate
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	45.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date / /

Signature

Full Name of Payee Christine B Long		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 3121 Charleycote Dr		Amount 10.00	
City Raleigh	State NC	Zip Code 27614	Transaction ID : 395a0a07-3f7a-4ceb-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	28.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 30.00	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 246bdd2e-7266-4e53-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		34.80
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1484 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 07 / 29 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 6.69		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 8e3a5d8a-7eec-46e8-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 29 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination 07 / 29 / 2014		
Mailing Address 2134 Tobaccoville Rd			Amount 30.00		
City Rural Hall	State NC	Zip Code 27045	Transaction ID : c87fb634-83f6-411b-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 29 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36.69		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1485 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 50.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : d61f0852-bb90-4333-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 22.80	
City Bakersville	State NC	Zip Code 28705	Transaction ID : d5d39e3c-3d5d-403f-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		72.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Jennie Butler		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 1676 Shady Creek Rd		Amount 36.60	
City Ayden	State NC	Zip Code 28513	Transaction ID : c1e1cb07-96b9-455f-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1487 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jennie Butler			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014		
Mailing Address 1676 Shady Creek Rd			Amount 12.42		
City Ayden		State NC	Zip Code 28513		Transaction ID : 135d030f-948a-4fc7-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Gabriella E Hansen			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014		
Mailing Address 310 West Meath Drive			Amount 20.00		
City Winterville		State NC	Zip Code 28590		Transaction ID : 925b4f72-c84d-4238-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			32.42		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1488 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee David Ford			Date of Public Distribution/Dissemination 07 / 29 / 2014		
Mailing Address 106 Hillside St			Amount 47.50		
City Spindale	State NC	Zip Code 28160	Transaction ID : f17d2613-d889-4a72-b Date of Disbursement or Obligation 07 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee David Ford			Date of Public Distribution/Dissemination 07 / 29 / 2014		
Mailing Address 106 Hillside St			Amount 5.94		
City Spindale	State NC	Zip Code 28160	Transaction ID : 3f6e7a62-3925-4e42-9 Date of Disbursement or Obligation 07 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.44		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee Kassidy L Tyer		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 41 Hawk Hollow Trail		Amount 15.30	
City Burgaw	State NC	Zip Code 28425	Transaction ID : b1ba29fd-1554-48ad-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	55.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Signature

Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 105 South Dale St		Amount 27.30	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : b022aa73-8bf5-4cf7-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	1095959.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	97.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1491 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Mary Johnson			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 105 South Dale St			Amount 70.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 95686d01-8150-41d0-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mary Johnson			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 105 South Dale St			Amount 70.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : c8da9891-c698-44e3-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1492 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Matt Gleb			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014		
Mailing Address 3815 Robin Road			Amount 30.00		
City Ayden		State NC	Zip Code 28513		Transaction ID : 1bc46b4a-dc63-47fa-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Matt Gleb			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014		
Mailing Address 3815 Robin Road			Amount 15.90		
City Ayden		State NC	Zip Code 28513		Transaction ID : 9fec8a4f-7dd2-46ae-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			45.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1493 OF 1704
FOR LINE 24 OF FORM 3X

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 Brooke Graphia			Date of Public Distribution/Dissemination / /		
Mailing Address 2306 Brownlee Rd.			Amount 10.00		
City Bossier City		State LA	Zip Code 71111		Transaction ID : 93b1b9ff-1dd7-4391-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / /	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Brooke Graphia			Date of Public Distribution/Dissemination / /		
Mailing Address 2306 Brownlee Rd.			Amount 1.23		
City Bossier City		State LA	Zip Code 71111		Transaction ID : b3865483-21f2-4f44-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation / /	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			11.23		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date / / 01 / 30 / 2015

Full Name of Payee Malinda Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 44 Bell Street Ext		Amount 25.20	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : b08080cf-75ac-4b5c-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	1095959.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	75.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1495 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Allie Butler			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 1676 Shady Creek Rd			Amount 9999.99 35.00	
City Ayden	State NC	Zip Code 28513	Transaction ID : 430ca7c5-f435-4c8e-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		9999999.99 1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Allie Butler			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 1676 Shady Creek Rd			Amount 9999.99 7.53	
City Ayden	State NC	Zip Code 28513	Transaction ID : 9c8a2d4c-10f6-434c-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		9999999.99 1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			9999.99 42.53	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			9999.99	
(c) TOTAL Independent Expenditures..... ▶			9999.99	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Emily Butler		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 1676 Shady Creek Rd		Amount 36.60	
City Ayden	State NC	Zip Code 28513	Transaction ID : 46d1d837-f2fd-4f63-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		46.60
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) 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.

Date _____

Signature

Three 7-segment displays are shown, each with a different date format. The first display shows '01' with 'M' above the top-left and top-right segments. The second display shows '30' with 'D' above the top-left and top-right segments. The third display shows '2015' with 'Y' above each of the four digit segments.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1498 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Brittany Jones			Date of Public Distribution/Dissemination 07 / 29 / 2014	
Mailing Address 338 Wayne Drive			Amount 10.00	
City Shreveport	State LA	Zip Code 71105	Transaction ID : fe5616a4-fe26-490e-b Date of Disbursement or Obligation 07 / 29 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Brittany Jones			Date of Public Distribution/Dissemination 07 / 29 / 2014	
Mailing Address 338 Wayne Drive			Amount 1.80	
City Shreveport	State LA	Zip Code 71105	Transaction ID : 2532d3f0-2607-4fde-9 Date of Disbursement or Obligation 07 / 29 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			11.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1499 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Morgan R Padgett			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014		
Mailing Address 2164 Kay Rd			Amount 20.00		
City Greenville	State NC	Zip Code 27858	Transaction ID : 25e3c9ea-48f5-48aa-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Morgan R Padgett			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014		
Mailing Address 2164 Kay Rd			Amount 7.20		
City Greenville	State NC	Zip Code 27858	Transaction ID : 2b3bf0ff-3216-44bd-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			27.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1500 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jonathan Bowman			Date of Public Distribution/Dissemination 07 / 29 / 2014	
Mailing Address 148 Pratt Road			Amount 25.00	
City Eden	State NC	Zip Code 27288	Transaction ID : dbaf98ca-8a3e-46ae-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jonathan Bowman			Date of Public Distribution/Dissemination 07 / 29 / 2014	
Mailing Address 148 Pratt Road			Amount 3.90	
City Eden	State NC	Zip Code 27288	Transaction ID : edd24ae9-bd67-4166-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			28.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 01 / 30 / 2015

Full Name of Payee Solveig Lysne		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 7121 Oyster Lane		Amount 3.18	
City Wilmington	State NC	Zip Code 28411	Transaction ID : 38ffb0d6-6551-4fbc-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	27.48
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1502 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ms. Chassidy Menard			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014		
Mailing Address 515 Walter Dr.			Amount 65.00		
City Lafayette	State LA	Zip Code 70507	Transaction ID : 9c582242-9bb3-4d98-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ms. Chassidy Menard			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014		
Mailing Address 515 Walter Dr.			Amount 6.60		
City Lafayette	State LA	Zip Code 70507	Transaction ID : 9d350226-94c4-4e33-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			71.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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. Signature Ms. Emily Buchanan [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015					

Full Name of Payee Barbara E Spritz		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 3346 Durham St Ext		Amount 3.30	
City Burlington	State NC	Zip Code 27217	Transaction ID : 91869e97-153e-4441-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	1095959.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	68.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Christopher L Grau		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 2328 Caplis Sligo Rd		Amount 40.00	
City Bossier City	State LA	Zip Code 71112	Transaction ID : 8104be6f-8370-45ff-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Christopher L Grau		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 2328 Caplis Sligo Rd		Amount 13.50	
City Bossier City	State LA	Zip Code 71112	Transaction ID : bdeb9a52-d005-4c43-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	53.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Three 7-segment displays are shown, each with a different format: MM/DD/YYYY. The first display shows '01' for the month and '30' for the day. The second display shows '2015' for the year. The third display shows '01' for the month, '30' for the day, and '2015' for the year.

Full Name of Payee Felice Barrett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 1588 Asbury		Amount 8.70	
City Springdale	State AR	Zip Code 72762	Transaction ID : f293bb74-4a09-44f5-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
Calendar Year-To-Date Per Election for Office Sought 292434.22		District: 00 State: AR Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	28.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1507 OF 1704
FOR LINE 24 OF FORM 3X

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 John Voholetz		Date of Public Distribution/Dissemination / / 07 / 29 / 2014	
Mailing Address 718 N MacMillan Avenue		Amount 70.00	
City Wilmington	State NC	Zip Code 28803	Transaction ID : 3697c862-7cd5-4f04-a Date of Disbursement or Obligation / / 07 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee John Voholetz		Date of Public Distribution/Dissemination / / 07 / 29 / 2014	
Mailing Address 718 N MacMillan Avenue		Amount 4.50	
City Wilmington	State NC	Zip Code 28803	Transaction ID : f8c35fa4-596f-4c23-8 Date of Disbursement or Obligation / / 07 / 29 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		 74.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 01 / 30 / 2015	
<i>[Electronically Filed]</i>			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1508 OF 1704
FOR LINE 24 OF FORM 3X

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 M M / D D / Y Y Y Y				
Full Name of Payee Theresa A Touchet			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 07 / 29 / 2014	
Mailing Address 102 French Street #3			Amount 22.50	
City New Orleans	State LA	Zip Code 70124	Transaction ID : 979b9567-d90e-4a84-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y 07 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Theresa A Touchet			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 07 / 29 / 2014	
Mailing Address 102 French Street #3			Amount 1.20	
City New Orleans	State LA	Zip Code 70124	Transaction ID : 6ad8bd09-b196-42f3-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M / D D / Y Y Y Y 07 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			23.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M / D D / Y Y Y Y 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1509 OF 1704
 FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY / / MM / DD / YYYY / / MM / DD / YYYY / /					
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014		
Mailing Address 1410 Bushville drive			Amount 100.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 7b6bf0ab-6b95-422b-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014		
Mailing Address 1410 Bushville drive			Amount 9.90		
City Lenoir	State NC	Zip Code 28645	Transaction ID : f8bcb735-a68a-4bbc-9		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			109.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1510 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Brian Saltzler			Date of Public Distribution/Dissemination 07 / 29 / 2014		
Mailing Address 601 S College Road			Amount 37.50		
City Wilmington	State NC	Zip Code 28403	Transaction ID : 00f71827-6183-4da3-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 29 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Brian Saltzler			Date of Public Distribution/Dissemination 07 / 29 / 2014		
Mailing Address 601 S College Road			Amount 3.60		
City Wilmington	State NC	Zip Code 28403	Transaction ID : 6b79b5f0-ef8c-48eb-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 29 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			41.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 01 / 30 / 2015		

Full Name of Payee Peter Sahuc		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 107 Phillip Ave		Amount 30.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : f0924ab5-5659-4e28-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Peter Sahuc		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 107 Phillip Ave		Amount 1.14	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 6d99f96d-0644-4116-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	31.14
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1512 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Carmen Maddrey			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 2043 Nottingham Ln			Amount 70.00	
City Burlington	State NC	Zip Code 27215	Transaction ID : 64aae63c-a08a-40c3-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carmen Maddrey			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 2043 Nottingham Ln			Amount 4.20	
City Burlington	State NC	Zip Code 27215	Transaction ID : e90551c0-8ce6-414f-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			74.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1513 OF 1704
FOR LINE 24 OF FORM 3X

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 M M / D D / Y Y Y Y					
Full Name of Payee Dylan Simon			Date of Public Distribution/Dissemination 07 / 29 / 2014		
Mailing Address 111 Millrock Drive			Amount 44.50		
City Lafayette	State LA	Zip Code 70508	Transaction ID : 692b25d4-afd2-4726-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 29 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Dylan Simon			Date of Public Distribution/Dissemination 07 / 29 / 2014		
Mailing Address 111 Millrock Drive			Amount 15.93		
City Lafayette	State LA	Zip Code 70508	Transaction ID : d07bf329-e645-44d5-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 29 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			60.43		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

Full Name of Payee OBrian Price		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 2400 Covenant Cove		Amount 18.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 389ecc4e-7321-449f-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	83.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

Full Name of Payee Cassidy Quartararo		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 632 Cameron Court		Amount 60.00	
City Kenner	State LA	Zip Code 70065	Transaction ID : 4444f624-0ffd-47a7-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1101 1503 1360 1509"> <tr> <td data-bbox="1101 1503 1360 1509">125.00</td></tr> </table>	125.00
125.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1101 1509 1360 1514"> <tr> <td data-bbox="1101 1509 1360 1514"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1101 1514 1360 1522"> <tr> <td data-bbox="1101 1514 1360 1522"></td></tr> </table>	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1516 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014		
Mailing Address Split Oak Drive			Amount 50.00		
City charlotte		State NC	Zip Code 28227		Transaction ID : 49f35338-9c7f-4cc2-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014		
Mailing Address Split Oak Drive			Amount 10.80		
City charlotte		State NC	Zip Code 28227		Transaction ID : ff2c8d55-a870-4bd5-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			60.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1517 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Nathan D Wirebaugh			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014		
Mailing Address 7320 Red Maple Dr			Amount 20.00		
City Holland		State OH	Zip Code 43528		Transaction ID : 25d84a1d-a3a6-44fa-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC		
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Brooke Graphia			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014		
Mailing Address 2306 Brownlee Rd.			Amount 15.00		
City Bossier City		State LA	Zip Code 71111		Transaction ID : 78f90d3d-9419-4314-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: LA		
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			35.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		

Full Name of Payee Theresa Burkhart		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 3126 Chester Ct		Amount 60.00	
City Metairie	State LA	Zip Code 70006	Transaction ID : edcb08d1-9419-41ef-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	62.01
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

01 / 30 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1519 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Theresa Burkhart			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014		
Mailing Address 3126 Chester Ct			Amount 11.01		
City Metairie	State LA	Zip Code 70006	Transaction ID : 8f9d0c92-2a3e-412f-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ky Broussard			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014		
Mailing Address 301 N Cedar Street			Amount 40.00		
City Abbeville	State LA	Zip Code 70510	Transaction ID : 894b673e-9463-42b2-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.01		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1520 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ky Broussard			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 29 / 2014		
Mailing Address 301 N Cedar Street			Amount 13.50		
City Abbeville	State LA	Zip Code 70510	Transaction ID : 44ca352d-c77c-4cd9-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Francesca Blom			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 29 / 2014		
Mailing Address 101 Asbury Ct			Amount 80.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : af9a7a70-e344-4b4a-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			93.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1521 OF 1704
FOR LINE 24 OF FORM 3X

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			MM / DD / YYYY	
Full Name of Payee Corey Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014		
Mailing Address 8617 Riley Hills Rd		Amount 20.00		
City Zebulon	State NC	Zip Code 27597	Transaction ID : c51ce5e3-44ff-404f-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Corey Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014		
Mailing Address 8617 Riley Hills Rd		Amount 12.00		
City Zebulon	State NC	Zip Code 27597	Transaction ID : ef02f2cf-4118-460f-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		32.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Barbara A Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 3002 Darden Rd Apt A		Amount 100.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : f75b2860-d11e-4970-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Cynthia Stewart			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014		
Mailing Address 3001 Pendell Lane			Amount 40.00		
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : b67c2eff-6fc3-4982-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1523 OF 1704
FOR LINE 24 OF FORM 3X

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 M M / D D / Y Y Y Y Y Y				
Full Name of Payee Cynthia Stewart			Date of Public Distribution/Dissemination 07 / 29 / 2014	
Mailing Address 3001 Pendell Lane			Amount 3.00	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 11f7700e-66ee-4886-a Date of Disbursement or Obligation 07 / 29 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 07 / 29 / 2014	
Mailing Address 3007 Darden Rd			Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : ed629b34-7cb9-4b30-9 Date of Disbursement or Obligation 07 / 29 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			83.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1524 OF 1704
 FOR LINE 24 OF FORM 3X

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 Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 3007 Darden Rd		Amount 22.80	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 1600377a-259e-4fd3-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Joseph P Thierfelder Previously filed under the name Pthierfelder		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 2411 Armstrong		Amount 85.00	
City Gastonia	State NC	Zip Code 28054	Transaction ID : 2b087533-0051-42be-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	107.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1525 OF 1704
FOR LINE 24 OF FORM 3X

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			MM / DD / YYYY	
Full Name of Payee Beverly Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014		
Mailing Address 3007 Darden Rd		Amount 80.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : e94688b2-4b80-40b5-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Thomas Sisk		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014		
Mailing Address 3625 Chapelwood Drive		Amount 30.00		
City Gastonia	State NC	Zip Code 28025	Transaction ID : e559d84d-1943-45c2-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		110.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1526 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Thomas Sisk			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 3625 Chapelwood Drive			Amount 8.28	
City Gastonia	State NC	Zip Code 28025	Transaction ID : 864daeb4-565f-4054-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Marysol Netro			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 312 S Gunter St			Amount 25.00	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : 06ba0723-b296-4997-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.28	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1528 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Trent C Oelschlaeger		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014	
Mailing Address 18710 Strawberry Plant Road		Amount 14.10	
City Fayetteville	State AR	Zip Code 72704	Transaction ID : 13668bae-788b-434d-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014	
Mailing Address 1434 South Avenue		Amount 80.00	
City Eden	State NC	Zip Code 27288	Transaction ID : 6646d704-9b2d-4d4b-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		94.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1529 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014		
Mailing Address 1434 South Avenue			Amount 8.70		
City Eden		State NC	Zip Code 27288		Transaction ID : 583002f2-6a4a-43bd-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014		
Mailing Address 205 Medallion Circle			Amount 80.00		
City Shreveport		State LA	Zip Code 71119		Transaction ID : eba6e0ee-41b2-4355-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			88.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <i>Ms. Emily Buchanan</i>			Date MM / DD / YYYY 01 / 30 / 2015		
			[Electronically Filed]		

Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 60.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 9ecb43f5-68da-4d9f-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	81.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Three 7-segment displays are shown, each with a different format: MM/DD/YYYY. The first display shows '01' for the month and '30' for the day. The second display shows '2015' for the year. The third display shows '01' for the month, '30' for the day, and '2015' for the year.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1531 OF 1704
FOR LINE 24 OF FORM 3X

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 M M / D D / Y Y Y Y				
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination 07 / 29 / 2014	
Mailing Address 7214 Duchamp Dr			Amount 30.00	
City Charlotte	State NC	Zip Code 23215	Transaction ID : e0212f9d-7b35-4bde-a Date of Disbursement or Obligation 07 / 29 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination 07 / 29 / 2014	
Mailing Address 7214 Duchamp Dr			Amount 11.10	
City Charlotte	State NC	Zip Code 23215	Transaction ID : 6465b3ab-565b-42f2-8 Date of Disbursement or Obligation 07 / 29 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			41.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1532 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 2565 Shire Circle			Amount 20.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : ce6558a8-09eb-4816-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 9455 Snow Camp Road			Amount 85.00	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : 10dd5c78-bddc-4edc-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1533 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014		
Mailing Address 9455 Snow Camp Road			Amount 15.90		
City Snowcamp		State NC	Zip Code 27349		Transaction ID : 807390c2-13fd-4e8a-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		
Office Sought: ☐ President ☒ Senate			District: <u>00</u> State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Alexa S Dudley			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014		
Mailing Address 4367 Splitlog Rd			Amount 25.00		
City Goodman		State MO	Zip Code 64843		Transaction ID : 5b684cc8-338f-4d0f-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		
Office Sought: ☐ President ☒ Senate			District: <u>00</u> State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			40.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <i>Ms. Emily Buchanan</i>			Date MM / DD / YYYY 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1534 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Alexa S Dudley			Date of Public Distribution/Dissemination 07 / 29 / 2014	
Mailing Address 4367 Splitlog Rd			Amount 24.00	
City Goodman	State MO	Zip Code 64843	Transaction ID : 79a57da3-3f05-4a4e-a Date of Disbursement or Obligation 07 / 29 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sarinda S Dudley			Date of Public Distribution/Dissemination 07 / 29 / 2014	
Mailing Address 4367 Splitlog Rd			Amount 25.00	
City Goodman	State MO	Zip Code 64843	Transaction ID : 2baca4aa-2915-4ab1-8 Date of Disbursement or Obligation 07 / 29 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			49.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1535 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014	
Mailing Address 110 W Pecan St		Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 0ea88c33-68ca-4b52-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014	
Mailing Address 110 W Pecan St		Amount 32.40	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : c85471a7-cec4-44a7-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		82.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 100 Asbury Ct		Amount 50.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 6ce1a704-869a-4332-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ House ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1537 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Rodney O Culbreath			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 100 Asbury Ct			Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : d2ac5b98-3796-4ad8-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 8e5905a8-aa2d-47e1-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			150.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015	
Signature				

Full Name of Payee Jonathan Odette		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 9600 Earsboro Chamblee Road		Amount 20.00	
City Wendell	State NC	Zip Code 27591	Transaction ID : 93214d64-4330-491c-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Sharon Lloyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 4301 Lankford		Amount 60.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : d5912d4a-83e4-4050-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Full Name of Payee Sharon Lloyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 4301 Lankford		Amount 10.92	
City Springdale	State AR	Zip Code 72762	Transaction ID : 30b684c5-2bf4-4ef5-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 202 Rue Des Cajun		Amount Amount 30.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : ef8ca707-d6b8-48c8-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	Amount 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ 40.92
(b) SUBTOTAL of Unitemized Independent Expenditures	▶
(c) 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.

Signature

01 / 30 / 2015

Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 202 Rue Des Cajun		Amount 30.60	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 64b011bd-f207-4ef7-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 554635.78		District: 00 State: LA Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Sharon Lloyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 4301 Lankford		Amount 60.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : b0b91b67-8060-419c-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: AR Disbursement For: ☐ Primary ☒ General 2014
Calendar Year-To-Date Per Election for Office Sought	292434.22		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Three examples of 1D barcodes are shown, each consisting of a header and a data field. The first barcode has the header 'MM' and the data '01'. The second has the header 'DD' and the data '30'. The third has the header 'YYYY' and the data '2015'. Each header and data field is represented by a series of vertical bars of varying heights.

Full Name of Payee Petrina Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014		
Mailing Address 3007 Darden Rd			Amount 100.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : c90dffe0-d2b8-42c8-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	110.92
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1543 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Petrina Williams			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 29 / 2014		
Mailing Address 3007 Darden Rd			Amount 24.90		
City Greensboro	State NC	Zip Code 27407	Transaction ID : b9ee28e5-e2ec-4dc8-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 29 / 2014		
Mailing Address 6101 NORA ST			Amount 70.00		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 9067c2d2-56fa-41d1-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			94.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1544 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 1025 Cayley Ct			Amount 87.50	
City High Point	State NC	Zip Code 27260	Transaction ID : bae21257-0a55-4699-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 1025 Cayley Ct			Amount 23.70	
City High Point	State NC	Zip Code 27260	Transaction ID : 9db5b8ba-9282-4345-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			111.20	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015	
Signature				

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 1025 Cayley Ct		Amount 25.20	
City High Point	State NC	Zip Code 27260	Transaction ID : 185b6d88-6997-4000-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	115.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

01 / 30 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1546 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Timothy Foley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014
Mailing Address 20679 Glenbrook Terrace		Amount 35.00
City Sterling	State VA	Zip Code 20165
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Tarrin Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014
Mailing Address 629 Radiance Ave		Amount 70.00
City Metairie	State LA	Zip Code 70001
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	105.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1547 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Tarrin Lesaicherre		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014	
Mailing Address 629 Radiance Ave		Amount 4.50	
City Metairie	State LA	Zip Code 70001	Transaction ID : 7cff20fc-8d85-40f1-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014	
Mailing Address 629 Radiance Ave		Amount 70.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 4df380e6-2880-4ca6-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		74.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1548 OF 1704
FOR LINE 24 OF FORM 3X

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			MM / DD / YYYY	
Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014		
Mailing Address 629 Radiance Ave		Amount 4.50		
City Metairie	State LA	Zip Code 70001	Transaction ID : 7f776ff4-4723-4420-a	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeremy Hollar		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014		
Mailing Address 121 Meadowview Drive		Amount 50.00		
City Boone	State NC	Zip Code 28607	Transaction ID : 8fe4630e-58fc-4cc2-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		54.50		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1549 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Jeremy Hollar			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 121 Meadowview Drive			Amount 9.90	
City Boone	State NC	Zip Code 28607	Transaction ID : fe65d67b-ba29-4831-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 3110 Brentwood Rd			Amount 60.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : a0cd7bb9-2c9f-417f-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			69.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 220 Doucet Rd		Amount 55.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 41a857a2-dd48-4e61-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		66.40
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1551 OF 1704
FOR LINE 24 OF FORM 3X

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 Francis Richardson			Date of Public Distribution/Dissemination / /		
Mailing Address 220 Doucet Rd			Amount 4.92		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 4e908f02-f5a1-4e92-8 Date of Disbursement or Obligation / /		
Purpose of Expenditure Mileage		Category/ Type 002	07 / 29 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination / /		
Mailing Address 6412 Osage Dr			Amount 35.00		
City North Little rock	State AR	Zip Code 72116	Transaction ID : a03047bb-d4ba-43e1-9 Date of Disbursement or Obligation / /		
Purpose of Expenditure Salary		Category/ Type 001	07 / 29 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			39.92		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date / /	
				01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1552 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 6412 Osage Dr		Amount 6.36	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 9484f36d-c39c-4bb6-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ralphie Lockhart		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 6310 Col Glenn Rd		Amount 60.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 6e0b32c8-d3ce-470c-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		66.36	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1553 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014
Mailing Address 1103 West Wilson Street		Amount 60.00
City Ville Platte	State LA	Zip Code 70586
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : f40a55a2-f7bd-43ce-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014
Mailing Address 1103 West Wilson Street		Amount 30.60
City Ville Platte	State LA	Zip Code 70586
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 251248d5-da50-493e-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	90.60
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1554 OF 1704
 FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Elizabeth DeMaine			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014		
Mailing Address 75 Stephenson Ln			Amount 45.00		
City Sheridan	State AR	Zip Code 72143	Transaction ID : 56275bbb-b1ae-4b65-8		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Elizabeth DeMaine			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014		
Mailing Address 75 Stephenson Ln			Amount 16.50		
City Sheridan	State AR	Zip Code 72143	Transaction ID : 0446cafa-c719-410d-9		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1555 OF 1704
FOR LINE 24 OF FORM 3X

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			MM / DD / YYYY	
Full Name of Payee Benjamin Hernandez		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014		
Mailing Address 915 E Market Ave		Amount 85.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 3406eff0-7689-477e-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Benjamin Hernandez		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014		
Mailing Address 915 E Market Ave		Amount 34.80		
City Searcy	State AR	Zip Code 72149	Transaction ID : 66f4fd78-58fa-47bc-b	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		119.80		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 112 apache Dr		Amount 34.80	
City Search	State AR	Zip Code 72149	Transaction ID : a6c88675-4524-4a51-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1120 1650 1359 1656"> <tr> <td data-bbox="1120 1650 1359 1656">119.80</td></tr> </table>	119.80
119.80		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1120 1656 1359 1661"> <tr> <td data-bbox="1120 1656 1359 1661"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1120 1661 1359 1669"> <tr> <td data-bbox="1120 1661 1359 1669"></td></tr> </table>	

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.

Date _____

Signature

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 2.40	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 577c7a42-73b8-41a9-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	14.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1558 OF 1704
 FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 2305 Cleary Ave		Amount 10.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 34490a42-86f8-48ca-a
Purpose of Expenditure Salary	Category/ Type	MM / DD / YYYY 07 / 29 / 2014	Date of Disbursement or Obligation
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 2305 Cleary Ave		Amount 0.90	
City Metairie	State LA	Zip Code 70001	Transaction ID : a5be4e4d-1199-4991-8
Purpose of Expenditure Mileage	Category/ Type	MM / DD / YYYY 07 / 29 / 2014	Date of Disbursement or Obligation
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1559 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 924 N. Prieur St			Amount 90.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 280c9d81-9a6b-4cc2-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address 924 N. Prieur St			Amount 15.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : b27d8777-3ee7-4230-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			105.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1560 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Saige Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address PO Box 424			Amount 45.00	
City Searcy	State AR	Zip Code 72145	Transaction ID : 10a0f202-90d4-4a8c-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Saige Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014	
Mailing Address PO Box 424			Amount 13.86	
City Searcy	State AR	Zip Code 72145	Transaction ID : d9d158f7-a20f-4e51-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			58.86	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1561 OF 1704
FOR LINE 24 OF FORM 3X

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			MM / DD / YYYY	
Full Name of Payee Ethan Cranford		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014		
Mailing Address 2012 Caleb Drive		Amount 32.50		
City Searcy	State AR	Zip Code 72143	Transaction ID : 77f8040f-51bb-4765-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ethan Cranford		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014		
Mailing Address 2012 Caleb Drive		Amount 15.60		
City Searcy	State AR	Zip Code 72143	Transaction ID : dfeff9f7-3536-41fa-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		48.10		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 22.50	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 268462fd-05dd-47a4-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	112.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1563 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y / / / / / /					
Full Name of Payee Pound, Feinstein & Associates			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014		
Mailing Address 5614 Connecticut Ave, NW Ste 270			Amount 6451.25		
City Washington		State DC	Zip Code 20015		Transaction ID : b0e7f5b9-492a-4176-8
Purpose of Expenditure Doorhangers		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Christine B Long			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014		
Mailing Address 3121 Charleycote Dr			Amount 15.00		
City Raleigh		State NC	Zip Code 27614		Transaction ID : f78d6e56-132b-4a92-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			6466.25		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1564 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Christine B Long			Date of Public Distribution/Dissemination 07 / 30 / 2014		
Mailing Address 3121 Charleycote Dr			Amount 6.00		
City Raleigh	State NC	Zip Code 27614	Transaction ID : e81f0096-7c10-4245-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination 07 / 30 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 30.00		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 9ed727f1-74f1-4bcd-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1565 OF 1704
FOR LINE 24 OF FORM 3X

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 Lorri Anderson			Date of Public Distribution/Dissemination / / 07 / 30 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 9.60		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 635abe4f-d3be-4ccd-a Date of Disbursement or Obligation / / 07 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Anthony Buchanan			Date of Public Distribution/Dissemination / / 07 / 30 / 2014		
Mailing Address 1090 McHone Rd			Amount 60.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : a99fd5a2-4b02-4575-9 Date of Disbursement or Obligation / / 07 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			69.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u>			[Electronically Filed] Date / / 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1566 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Reagan Brackett			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2014	
Mailing Address 502 E Center Ave			Amount 70.00	
City Searcy		State AR	Zip Code 72143	
Purpose of Expenditure Salary			Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014	
Mailing Address 5510 Dogwood Dr			Amount 30.00	
City Winston Salem		State NC	Zip Code 27105	
Purpose of Expenditure Salary			Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1567 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014	
Mailing Address 5510 Dogwood Dr			Amount 6.39	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : e39f1bdf-aa3a-4983-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christine Stevens			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2014	
Mailing Address 100 Asbury Ct			Amount 50.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 7cbe6fe3-b6eb-4704-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			56.39	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1568 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 30 / 2014	
Mailing Address 2134 Tobaccoville Rd			Amount 30.00	
City Rural Hall	State NC	Zip Code 27045	Transaction ID : 9ccc94b4-ed0f-44eb-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 24 / 2014	
Mailing Address 100 Asbury Ct			Amount 40.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : c51c3da0-621e-49a3-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			70.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1569 OF 1704
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 07 / 25 / 2014	
Mailing Address 100 Asbury Ct		Amount 50.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 8ea2f79d-64c0-4b7c-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y 07 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Lisa Miller		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 07 / 22 / 2014	
Mailing Address 718 Azalea Dr. Unit 453		Amount 60.00	
City Hampstead	State NC	Zip Code 28443	Transaction ID : 0ef510ef-313a-40c2-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y 07 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y
01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1570 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Lisa Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014
Mailing Address 718 Azalea Dr. Unit 453		Amount 4.59
City Hampstead	State NC	Zip Code 28443
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 89a2277f-16bc-4393-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Lisa Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014
Mailing Address 718 Azalea Dr. Unit 453		Amount 42.00
City Hampstead	State NC	Zip Code 28443
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 060a2757-dcd8-4094-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	46.59
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1571 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Lisa Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014
Mailing Address 718 Azalea Dr. Unit 453		Amount 12.09
City Hampstead	State NC	Zip Code 28443
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : d4db26f2-bdcb-46c0-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Lisa Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014
Mailing Address 718 Azalea Dr. Unit 453		Amount 51.50
City Hampstead	State NC	Zip Code 28443
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : e7acf9b8-5f84-4252-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	63.59
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

Full Name of Payee Lisa Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 718 Azalea Dr. Unit 453		Amount 4.29	
City Hampstead	State NC	Zip Code 28443	Transaction ID : 39a5ba9a-1130-47a3-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Other (specify) ☒ Primary ☒ General	

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address Split Oak Drive		Amount 32.50	
City charlotte	State NC	Zip Code 28227	Transaction ID : 1527a02f-876f-4ecd-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		36.79
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1573 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address Split Oak Drive		Amount 9.57	
City charlotte	State NC	Zip Code 28227	Transaction ID : 79a99d35-b03b-437f-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gabriella E Hansen		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 310 West Meath Drive		Amount 15.00	
City Winterville	State NC	Zip Code 28590	Transaction ID : 491932fd-b1ba-421c-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		24.57	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Jennie Butler		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 1676 Shady Creek Rd		Amount 5.73	
City Ayden	State NC	Zip Code 28513	Transaction ID : 54662be4-efb5-4e62-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	20.73
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature _____

Full Name of Payee Emily Butler		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 1676 Shady Creek Rd		Amount 6.93	
City Ayden	State NC	Zip Code 28513	Transaction ID : 5b77f34f-b58c-4e3f-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	45.23
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1576 OF 1704
 FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	

Full Name of Payee Allie Butler		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 1676 Shady Creek Rd		Amount 40.00	
City Ayden	State NC	Zip Code 28513	Transaction ID : f9c0aecb-3bfc-4098-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Allie Butler		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 1676 Shady Creek Rd		Amount 6.93	
City Ayden	State NC	Zip Code 28513	Transaction ID : 65431279-7a51-448c-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	46.93
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

Full Name of Payee Christopher L Grau		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 2328 Caplis Sligo Rd		Amount \$ 30.00	
City Bossier City	State LA	Zip Code 71112	Transaction ID : 4a39f107-0f24-46f3-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Christopher L Grau		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 2328 Caplis Sligo Rd		Amount 15.00	
City Bossier City	State LA	Zip Code 71112	Transaction ID : 1e952ea3-6442-49fa-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	45.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1578 OF 1704
 FOR LINE 24 OF FORM 3X

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 Steven Best		Date of Public Distribution/Dissemination MM / DD / YYYY 07 30 2014	
Mailing Address 103 Washington Ave		Amount 33.00	
City Newport	State NC	Zip Code 28570	Transaction ID : 6f7cf1eb-e3d6-41d6-a Date of Disbursement or Obligation MM / DD / YYYY 07 30 2014
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Steven Best		Date of Public Distribution/Dissemination MM / DD / YYYY 07 30 2014	
Mailing Address 103 Washington Ave		Amount 6.15	
City Newport	State NC	Zip Code 28570	Transaction ID : 764bfa6c-5513-4e8c-b Date of Disbursement or Obligation MM / DD / YYYY 07 30 2014
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	39.15
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1579 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ralphie Lockhart			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014	
Mailing Address 6310 Col Glenn Rd			Amount 20.00	
City Little Rock		State AR	Zip Code 72204	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 066b7c69-f286-4c78-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee OBrian Price			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014	
Mailing Address 2400 Covenant Cove			Amount 20.00	
City Little Rock		State AR	Zip Code 72204	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 675e7fb2-0d3f-408f-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 40.00				
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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. Signature Ms. Emily Buchanan [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1580 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee OBrian Price			Date of Public Distribution/Dissemination 07 / 30 / 2014		
Mailing Address 2400 Covenant Cove			Amount 9.00		
City Little Rock	State AR	Zip Code 72204	Transaction ID : 79127cfb-746f-431e-b Date of Disbursement or Obligation 07 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Larry Freeman			Date of Public Distribution/Dissemination 07 / 30 / 2014		
Mailing Address 11214 Mesa drive			Amount 20.00		
City Little rock	State AR	Zip Code 72211	Transaction ID : b53c7e31-d2ae-416c-9 Date of Disbursement or Obligation 07 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			29.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 01 / 30 / 2015		

Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 27.90	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 9b721da7-cfce-4df2-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	77.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Date _____

Signature

Three 7-segment displays are shown, each with a different format: MM/DD/YYYY. The first display shows '01' for the month and '30' for the day. The second display shows '2015' for the year. The third display shows '01' for the month, '30' for the day, and '2015' for the year.

Full Name of Payee Erika Burfield		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 2939 Country Club Drive		Amount \$ 20.00	
City Hampstead	State NC	Zip Code 28443	Transaction ID : d3ec557d-99d0-4ff1-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Erika Burfield		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 2939 Country Club Drive		Amount 3.60	
City Hampstead	State NC	Zip Code 28443	Transaction ID : e4c9385d-69b9-45bf-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
District: 00 State: NC		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	23.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Full Name of Payee Kassidy L Tyer		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 41 Hawk Hollow Trail		Amount 10.50	
City Burgaw	State NC	Zip Code 28425	Transaction ID : 177c8501-d765-4c97-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	40.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Three examples of 1D barcodes are shown, each with a label above it: MM01, DD30, and YYYY2015. The MM01 barcode has two 'M' labels above the first two bars. The DD30 barcode has two 'D' labels above the first two bars. The YYYY2015 barcode has four 'Y' labels above the first four bars.

Full Name of Payee Francesca Blom		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 101 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : ed6ae050-8de7-46fa-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 8822 Apple St		Amount 45.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : ee1cede4-6947-47c8-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ►	
		☐ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	125.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1586 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee John Voholetz		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 718 N MacMillan Avenue		Amount 40.00	
City Wilmington	State NC	Zip Code 28803	Transaction ID : f80ef6dd-fd39-4989-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee John Voholetz		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 718 N MacMillan Avenue		Amount 4.50	
City Wilmington	State NC	Zip Code 28803	Transaction ID : 80696176-1758-43f5-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		44.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan Signature		[Electronically Filed] Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Carmen Maddrey		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 2043 Nottingham Ln		Amount 3.30	
City Burlington	State NC	Zip Code 27215	Transaction ID : 50b4981d-1895-4388-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	53.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Signature

Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 3007 Darden Rd		Amount 13.20	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 912d23ed-bf1b-4ec2-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	58.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Barbara A Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 3002 Darden Rd Apt A		Amount 100.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 9bf4928e-4266-4d57-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	145.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Date _____

Signature

Three examples of 1D barcodes are shown, each consisting of a header and a data field. The first barcode has the header 'MM' and the data '01'. The second has the header 'DD' and the data '30'. The third has the header 'YYYY' and the data '2015'. Each header and data field is represented by a series of vertical bars of varying heights.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1590 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Peter Sahuc			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 30 / 2014	
Mailing Address 107 Phillip Ave			Amount 30.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 80e0b03f-457b-4872-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Peter Sahuc			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014	
Mailing Address 107 Phillip Ave			Amount 1.26	
City Lafayette	State LA	Zip Code 70503	Transaction ID : b40d743a-1085-4d58-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			31.26	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
Signature				

Full Name of Payee Sarah Nugent		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 2 White Oak Court		Amount 40.00	
City	State	Zip Code	Transaction ID : 2e03e89e-6e40-4ab5-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Sarah Nugent		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 2 White Oak Court		Amount 14.19	
City Searcy	State AR	Zip Code 72143	Transaction ID : 6f02971c-1b9d-49f2-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	54.19
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1592 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Barbara E Spritz			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 3346 Durham St Ext			Amount 35.00	
City Burlington	State NC	Zip Code 27217	Transaction ID : 2b13d4fc-4a24-4213-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Barbara E Spritz			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 3346 Durham St Ext			Amount 3.30	
City Burlington	State NC	Zip Code 27217	Transaction ID : e0857a26-db51-42cd-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			38.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1593 OF 1704
 FOR LINE 24 OF FORM 3X

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 Zachary Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 202 Rue Des Cajun		Amount 40.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : a0b28817-3a6a-429f-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 202 Rue Des Cajun		Amount 35.10	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : e7b7f35b-4d88-4de9-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	75.10
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1594 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 30 / 2014	
Mailing Address 205 Medallion Circle			Amount 80.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : a9d19e3d-d823-4fd8-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 30 / 2014	
Mailing Address 205 Medallion Circle			Amount 16.20	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 2185eeda-8156-4cae-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			96.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1595 OF 1704
 FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014		
Mailing Address 6412 Osage Dr			Amount 45.00		
City North Little rock		State AR	Zip Code 72116		
Purpose of Expenditure Salary		Category/Type 001		Transaction ID : ff2a7de0-bac7-4d97-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014		
Mailing Address 6412 Osage Dr			Amount 6.54		
City North Little rock		State AR	Zip Code 72116		
Purpose of Expenditure Mileage		Category/Type 002		Transaction ID : 3f37f8ba-c6cd-4dbe-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.54		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1596 OF 1704
 FOR LINE 24 OF FORM 3X

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 Cory Bryson			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014		
Mailing Address 216 Dogwood Ln			Amount 60.00		
City Belmont	State NC	Zip Code 28012	Transaction ID : f68782d9-1349-4322-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			

Full Name of Payee Cory Bryson			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014		
Mailing Address 216 Dogwood Ln			Amount 9.00		
City Belmont	State NC	Zip Code 28012	Transaction ID : 0eef1be4-cfb3-449a-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	69.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 1434 South Avenue		Amount 7.20	
City Eden	State NC	Zip Code 27288	Transaction ID : 40058c22-c8d2-4cd9-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	92.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1598 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Timothy Foley		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014	
Mailing Address 20679 Glenbrook Terrace		Amount 75.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : 7f82d341-542d-45ab-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 70.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : ffa05ad1-46ec-4deb-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		145.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1599 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 13.20	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 7e3e1ab7-c45b-4351-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 110 W Pecan St		Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 0da0eada-44e7-4390-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	63.20
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1600 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 110 W Pecan St			Amount 99999999 31.50	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 897882d4-667e-4600-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		99999999 554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 105 South Dale St			Amount 99999999 60.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 151bd8ed-d51e-4e10-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		99999999 1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99999999 91.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			99999999	
(c) TOTAL Independent Expenditures..... ▶			99999999	
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.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015	
Signature _____				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1601 OF 1704
FOR LINE 24 OF FORM 3X

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			MM / DD / YYYY	
Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014		
Mailing Address 105 South Dale St		Amount 20.10		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 5a79d4a5-60d1-4643-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mary Johnson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014		
Mailing Address 105 South Dale St		Amount 60.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : b0cae413-9d49-4857-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		80.10		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1602 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ms. Chassidy Menard			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014		
Mailing Address 515 Walter Dr.			Amount 20.00		
City Lafayette	State LA	Zip Code 70507	Transaction ID : d571c7cf-5c7f-4c0b-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Mary L Landrieu ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ms. Chassidy Menard			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014		
Mailing Address 515 Walter Dr.			Amount 6.60		
City Lafayette	State LA	Zip Code 70507	Transaction ID : 04ec9cc5-6402-41db-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Mary L Landrieu ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			26.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

Full Name of Payee Warren Gravois		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 16005 7th St		Amount 2.55	
City Pearlington	State MS	Zip Code 39572	Transaction ID : c4065ae2-ad83-4e87-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	32.55
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Tammay Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 924 N. Prieur St		Amount 75.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 802496f8-a879-40ae-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 924 N. Prieur St		Amount 13.20	
City New Orleans	State LA	Zip Code 70116	Transaction ID : aa608501-ed34-4c46-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	
		☐ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	88.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1605 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cassidy Quartararo			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014		
Mailing Address 632 Cameron Court			Amount 40.00		
City Kenner		State LA	Zip Code 70065		Transaction ID : f188a23d-09f0-4da2-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 80.00		
City Mt. Airy		State NC	Zip Code 27030		Transaction ID : 5cca21d2-c6d6-4baa-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			120.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount \$ 22.74	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : e877d7b3-c98c-4710-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Bradley K Kissinger		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 3113 Imperial Valley Dr.		Amount \$ 30.00	
City Little Rock	State AR	Zip Code 72212	Transaction ID : 4f4f86ae-2868-43e2-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	52.74
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Three examples of 1D barcodes are shown, each with a label above it: MM01, DD30, and YYYY2015. The MM01 barcode has two 'M' labels above the first two bars. The DD30 barcode has two 'D' labels above the first two bars. The YYYY2015 barcode has four 'Y' labels above the first four bars.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1607 OF 1704
 FOR LINE 24 OF FORM 3X

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 Bradley K Kissinger			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014		
Mailing Address 3113 Imperial Valley Dr.			Amount 4.80		
City Little Rock	State AR	Zip Code 72212	Transaction ID : a60b59c2-e513-45bc-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Mr. Mark L Pryor		
Calendar Year-To-Date Per Election for Office Sought 292434.22		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			

Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014		
Mailing Address 220 Doucet Rd			Amount 35.00		
City Lafayette	State LA	Zip Code 70503	Transaction ID : f41057f2-e8f6-4551-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought 554635.78		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	39.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

Full Name of Payee Elizabeth DeMaine		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 75 Stephenson Ln		Amount 20.00	
City Sheridan	State AR	Zip Code 72143	Transaction ID : 6d151701-ce0b-4806-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	21.53
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Full Name of Payee Caleb Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 1410 Bushville drive		Amount 80.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : c1f6c2ac-973b-47b2-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	94.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Three 7-segment displays are shown, each with a different format: MM/DD/YYYY. The first display shows '01' for the month and '30' for the day. The second display shows '2015' for the year. The third display shows '01' for the month, '30' for the day, and '2015' for the year.

Full Name of Payee Danielle Landry		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 1089 Oleste Tauzin Road		Amount 40.00	
City Breux Bridge	State LA	Zip Code 70517	Transaction ID : 96fd7467-baa6-4a8f-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Full Name of Payee Tabetha D Espenschied		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 2002 East Park Ave Apt 40		Amount 60.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 59a2d1a2-4748-4c26-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292434.22	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	70.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1612 OF 1704
FOR LINE 24 OF FORM 3X

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			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014		
Mailing Address 2002 E Park Ave Apt 40		Amount 60.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : fd3f0bd5-6204-49a5-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014		
Mailing Address 2002 E Park Ave Apt 40		Amount 26.85		
City Searcy	State AR	Zip Code 72143	Transaction ID : 2fb7c561-8f08-40e2-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		86.85		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) 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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 629 Radiance Ave		Amount 5.40	
City Metairie	State LA	Zip Code 70001	Transaction ID : 9a1be2bc-da37-4a7e-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	75.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1614 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY			
Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 100 Asbury Ct		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : df5dc8e6-15a7-4cba-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Jeremy Hollar		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 121 Meadowview Drive		Amount 50.00	
City Boone	State NC	Zip Code 28607	Transaction ID : dacd9d99-880e-4060-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		120.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1615 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Jeremy Hollar		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014
Mailing Address 121 Meadowview Drive		Amount 36.00
City Boone	State NC	Zip Code 28607
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 3644c485-ca3b-4bf4-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Tarrin Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014
Mailing Address 629 Radiance Ave		Amount 70.00
City Metairie	State LA	Zip Code 70001
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : fe01d0ea-e8c5-4520-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	106.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1616 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Tarrin Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 629 Radiance Ave		Amount 5.10	
City Metairie	State LA	Zip Code 70001	Transaction ID : c4f29191-0997-4546-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 100 Asbury Ct		Amount 40.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 69d41239-0b2e-4ccf-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		45.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 1103 West Wilson Street		Amount 60.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 473b1591-8dac-4f60-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 554635.78		District: 00 State: LA Disbursement For: ☐ Primary ☒ General 2014	

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 1103 West Wilson Street		Amount Amount 27.30	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : b7c757fc-845e-4703-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
Calendar Year-To-Date Per Election for Office Sought		Amount 554635.78	District: 00 State: LA Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

01 / 30 / 2015

Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 100 Asbury Ct		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 903c9724-bb79-47dd-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1619 OF 1704
FOR LINE 24 OF FORM 3X

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 Rodney D Culbreth			Date of Public Distribution/Dissemination / /		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 70.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 26e2168e-03ba-4441-9 Date of Disbursement or Obligation / /		
Purpose of Expenditure Salary		Category/ Type			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Petrina Williams			Date of Public Distribution/Dissemination / /		
Mailing Address 3007 Darden Rd			Amount 100.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 212ec720-1d5b-4f1a-9 Date of Disbursement or Obligation / /		
Purpose of Expenditure Salary		Category/ Type			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			170.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date / /		
[Electronically Filed]					

Full Name of Payee Petrina Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014		
Mailing Address 3007 Darden Rd			Amount 22.50		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 9623cfe7-a1ed-4a6f-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Theresa Burkhart		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 3126 Chester Ct		Amount 40.00	
City Metairie	State LA	Zip Code 70006	Transaction ID : 131cde34-c77d-432e-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	62.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1621 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Theresa Burkhart		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 3126 Chester Ct		Amount 3.96	
City Metairie	State LA	Zip Code 70006	Transaction ID : a7c82215-b692-496f-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ House ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Solveig Lysne		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 7121 Oyster Lane		Amount 24.60	
City Wilmington	State NC	Zip Code 28411	Transaction ID : 5f22662f-9740-48e2-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ House ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		28.56	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

Full Name of Payee Solveig Lysne		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 7121 Oyster Lane		Amount 4.29	
City Wilmington	State NC	Zip Code 28411	Transaction ID : e5d4e7b6-0504-4f1c-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 6101 NORA ST		Amount 60.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 1022c576-9492-4a58-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	64.29
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1623 OF 1704
FOR LINE 24 OF FORM 3X

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 M M / D D / Y Y Y Y	

Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 07 / 30 / 2014	
Mailing Address 6101 NORA ST			Amount 0.90	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 13c2d1fb-9200-4183-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M / D D / Y Y Y Y 07 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 07 / 30 / 2014	
Mailing Address 1025 Cayley Ct			Amount 37.50	
City High Point	State NC	Zip Code 27260	Transaction ID : 3539b228-af79-4d93-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y 07 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	38.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y
01 / 30 / 2015

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 1025 Cayley Ct		Amount 27.50	
City High Point	State NC	Zip Code 27260	Transaction ID : 24558956-6af6-4ffe-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1625 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY			
Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 1025 Cayley Ct		Amount 13.80	
City High Point	State NC	Zip Code 27260	Transaction ID : 6a95c56c-cca0-4121-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 2565 Shire Circle		Amount 20.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : a86b5707-9bd6-49be-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		33.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1626 OF 1704
 FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Serena A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014		
Mailing Address 7151 Mullins Drive			Amount 90.00		
City Saltville		State VA	Zip Code 24370		
Purpose of Expenditure Salary		Category/Type 001		Transaction ID : 7b291780-c116-4d74-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Serena A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014		
Mailing Address 7151 Mullins Drive			Amount 27.30		
City Saltville		State VA	Zip Code 24370		
Purpose of Expenditure Mileage		Category/Type 002		Transaction ID : d2517cf4-9014-4179-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			117.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date MM / DD / YYYY 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1627 OF 1704
FOR LINE 24 OF FORM 3X

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		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Joseph P Thierfelder Previously filed under the name Pthierfelder		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014	
Mailing Address 2411 Armstrong		Amount 80.00	
City Gastonia	State NC	Zip Code 28054	Transaction ID : 7627ed8f-671a-4aa4-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joseph P Thierfelder Previously filed under the name Pthierfelder		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014	
Mailing Address 2411 Armstrong		Amount 12.00	
City Gastonia	State NC	Zip Code 28054	Transaction ID : a909e8aa-0af0-403f-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		92.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : d0209543-a947-433d-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤		140.00
(b) SUBTOTAL of Unitemized Independent Expenditures ➤		
(c) TOTAL Independent Expenditures..... ➤		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1629 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rodney O Culbreath			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014		
Mailing Address 100 Asbury Ct			Amount 80.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : a7cd8206-1790-4189-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Mary Johnson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014		
Mailing Address 105 South Dale St			Amount 60.00		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : 934a159f-ae38-4468-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 27.50	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : bdb407ac-6a1e-4e66-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	67.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1631 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 5510 Dogwood Dr			Amount 6.48	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : ee97accb-1877-48ff-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 2134 Tobaccoville Rd			Amount 27.50	
City Rural Hall	State NC	Zip Code 27045	Transaction ID : 4694c0ad-5481-4f09-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.98	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015	
Signature				

Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 07 / 31 / 2014	
Mailing Address 105 South Dale St		Amount 21.30	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : bcd56b92-29b5-498c-a Date of Disbursement or Obligation M M / D D / Y Y Y Y 07 / 31 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	61.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

01 / 30 / 2015

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mary Johnson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014		
Mailing Address 105 South Dale St			Amount 40.00		
City State Zip Code Spruce Pine NC 28777		Transaction ID : 57f1e28a-30e5-4cc6-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			☐ Support Office Sought: ☐ House District: 00 ☒ Oppose ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mr. Haley Brown			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014		
Mailing Address 344 Natalie Drive			Amount 20.00		
City State Zip Code Winston-Salem NC 27030		Transaction ID : f510a702-d2dc-4e1c-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			☐ Support Office Sought: ☐ House District: 00 ☒ Oppose ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			60.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1634 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Mr. Haley Brown			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014		
Mailing Address 344 Natalie Drive			Amount 5.40		
City Winston-Salem	State NC	Zip Code 27030	Transaction ID : 92172cb8-c416-4c07-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Matt Gleb			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014		
Mailing Address 3815 Robin Road			Amount 13.00		
City Ayden	State NC	Zip Code 28513	Transaction ID : c4cf4271-9119-4f48-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			18.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Matt Gleb			Date of Public Distribution/Dissemination 07 / 31 / 2014		
Mailing Address 3815 Robin Road			Amount 10.50		
City Ayden	State NC	Zip Code 28513	Transaction ID : 9b0bfd45-fe3e-40b1-9 Date of Disbursement or Obligation 07 / 31 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Steven Best			Date of Public Distribution/Dissemination 07 / 31 / 2014		
Mailing Address 103 Washington Ave			Amount 40.00		
City Newport	State NC	Zip Code 28570	Transaction ID : 65aed1ed-322d-4775-9 Date of Disbursement or Obligation 07 / 31 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			50.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1636 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Steven Best			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014		
Mailing Address 103 Washington Ave			Amount 4.23		
City Newport	State NC	Zip Code 28570	Transaction ID : 2758949d-6a73-4f2a-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014		
Mailing Address 1410 Bushville drive			Amount 80.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 9655be48-9126-4319-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			84.23		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1637 OF 1704
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Caleb Craig		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014
Mailing Address 1410 Bushville drive		Amount 17.40
City Lenoir	State NC	Zip Code 28645
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 66e84246-4694-4f9b-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jeremy Hollar		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014
Mailing Address 121 Meadowview Drive		Amount 40.00
City Boone	State NC	Zip Code 28607
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 6091995f-32d4-41da-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	57.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1638 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jeremy Hollar			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014		
Mailing Address 121 Meadowview Drive			Amount 17.40		
City Boone		State NC	Zip Code 28607		Transaction ID : ef91e781-e012-4008-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Steven Jean			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014		
Mailing Address 2012 Harrison Ave			Amount 80.00		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 6ca145ea-7ca4-4b15-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			97.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1639 OF 1704
 FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Steven Jean			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014		
Mailing Address 2012 Harrison Ave			Amount 9.00		
City State Zip Code Winston Salem NC 27105		Transaction ID : 6afc8ad3-72cc-47db-9			
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support Office Sought: ☐ House District: 00 ☒ Oppose ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014		
Mailing Address 8822 Apple St			Amount 45.00		
City State Zip Code New Orleans LA 70188		Transaction ID : ef8893c5-adfc-4725-a			
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support Office Sought: ☐ House District: 00 ☒ Oppose ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			554635.78 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1640 OF 1704
FOR LINE 24 OF FORM 3X

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 Virginia M Stevens		Date of Public Distribution/Dissemination / / 07 / 31 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 70.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 7bb672ec-4e6d-4c37-8 Date of Disbursement or Obligation / / 07 / 31 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose ☐ Primary ☒ General ☐ Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought		 1095959.94	
Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination / / 07 / 31 / 2014	
Mailing Address 1691 Fork Mtn Rd		Amount 30.30	
City Bakersville	State NC	Zip Code 28705	Transaction ID : f6b5fafb-1950-4409-8 Date of Disbursement or Obligation / / 07 / 31 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose ☐ Primary ☒ General ☐ Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought		 1095959.94	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		 100.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 01 / 30 / 2015	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1641 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014		
Mailing Address 44 Bell Street Ext			Amount 70.00		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : e4c88ffb-7c0f-402c-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u> ☐ President		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014		
Mailing Address 44 Bell Street Ext			Amount 30.30		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : 6bf0c898-6854-446f-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u> ☐ President		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <i>Ms. Emily Buchanan</i>			Date MM / DD / YYYY 01 / 30 / 2015		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1642 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kassidy L Tyer			Date of Public Distribution/Dissemination 07 / 31 / 2014	
Mailing Address 41 Hawk Hollow Trail			Amount 25.00	
City Burgaw	State NC	Zip Code 28425	Transaction ID : 11f2db54-09fb-47eb-a Date of Disbursement or Obligation 07 / 31 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kassidy L Tyer			Date of Public Distribution/Dissemination 07 / 31 / 2014	
Mailing Address 41 Hawk Hollow Trail			Amount 12.60	
City Burgaw	State NC	Zip Code 28425	Transaction ID : 5d705fe9-ee86-4cd5-a Date of Disbursement or Obligation 07 / 31 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1643 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ralphie Lockhart			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014		
Mailing Address 6310 Col Glenn Rd			Amount 45.00		
City Little Rock		State AR	Zip Code 72204		Transaction ID : 10e3d7c9-d716-4e06-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee OBrian Price			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014		
Mailing Address 2400 Covenant Cove			Amount 45.00		
City Little Rock		State AR	Zip Code 72204		Transaction ID : 915dc27c-04c9-44ef-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1644 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee OBrian Price			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014		
Mailing Address 2400 Covenant Cove			Amount 9.60		
City Little Rock	State AR	Zip Code 72204	Transaction ID : 0ffea692-4b32-4fdd-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Larry Freeman			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014		
Mailing Address 11214 Mesa drive			Amount 45.00		
City Little rock	State AR	Zip Code 72211	Transaction ID : 31c04307-56dd-4fb7-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			54.60		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1645 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Theresa A Touchet			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 102 French Street #3			Amount 11.00	
City New Orleans	State LA	Zip Code 70124	Transaction ID : 769666ba-fd17-4b3d-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Theresa A Touchet			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 102 French Street #3			Amount 0.30	
City New Orleans	State LA	Zip Code 70124	Transaction ID : 6663f66c-5dcd-48bd-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			11.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 01 / 30 / 2015	
Signature _____				

Full Name of Payee Francesca Blom		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 101 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 6a0b2698-874f-4ff5-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	180.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature

Full Name of Payee Elizabeth Hanks			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014		
Mailing Address 891 W. Melmar			Amount 30.00		
City Fayetteville	State AR	Zip Code 72703	Transaction ID : 997e0a96-e93d-4193-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

Full Name of Payee Elizabeth Hanks		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 891 W. Melmar		Amount 9.30	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : 189f478b-6c30-43c6-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: AR ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	292434.22		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 112 apache Dr		Amount 7.95	
City Search	State AR	Zip Code 72149	Transaction ID : ddc 48d1-3fbf-4a9e-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		22.95
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1649 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Corey Miller			Date of Public Distribution/Dissemination 07 / 31 / 2014	
Mailing Address 8617 Riley Hills Rd			Amount 40.00	
City Zebulon	State NC	Zip Code 27597	Transaction ID : 93b26933-3aa6-4924-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Corey Miller			Date of Public Distribution/Dissemination 07 / 31 / 2014	
Mailing Address 8617 Riley Hills Rd			Amount 15.00	
City Zebulon	State NC	Zip Code 27597	Transaction ID : e328b858-f01e-4a71-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 07 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			55.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1650 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Andrea Melton			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Mailing Address 4015 Village Place			Amount 15.00	
City Winston-Salem	State NC	Zip Code 27127	Transaction ID : 7c7dd203-3941-4fcc-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Andrea Melton			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Mailing Address 4015 Village Place			Amount 7.80	
City Winston-Salem	State NC	Zip Code 27127	Transaction ID : c54722c2-1e6f-42e1-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			22.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1651 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Bonnie C Blackburn			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014		
Mailing Address 2261 King George Ct.			Amount 15.00		
City Winston-Salem	State NC	Zip Code 27103	Transaction ID : bbf85dcf-819a-4d35-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Eric J Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014		
Mailing Address 4967 Dysartville			Amount 80.00		
City Morganton	State NC	Zip Code 28655	Transaction ID : fea6b9e5-ac04-42a9-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			95.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1652 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Eric J Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 4967 Dysartville			Amount 5.40	
City Morganton	State NC	Zip Code 28655	Transaction ID : c5fab130-a7d3-4ee3-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 4967 Dysartville Rd			Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : bdaa7d76-f262-453c-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			85.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015

Full Name of Payee Solveig Lysne		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 7121 Oyster Lane		Amount 5.67	
City Wilmington	State NC	Zip Code 28411	Transaction ID : 33e0c631-6691-437a-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	58.07
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1655 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY

Full Name of Payee Jennie Butler		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014
Mailing Address 1676 Shady Creek Rd		Amount 35.00
City Ayden	State NC	Zip Code 28513
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jennie Butler		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014
Mailing Address 1676 Shady Creek Rd		Amount 16.50
City Ayden	State NC	Zip Code 28513
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	51.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1656 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY				
Full Name of Payee Allie Butler			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 1676 Shady Creek Rd			Amount 9999.99 35.00	
City Ayden State NC Zip Code 28513		Transaction ID : 290e9526-19fd-4651-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014		
Purpose of Expenditure Salary		Category/Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		99999999.99 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Emily Butler			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 1676 Shady Creek Rd			Amount 9999.99 37.50	
City Ayden State NC Zip Code 28513		Transaction ID : 8afa9b13-8ee8-4a2f-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014		
Purpose of Expenditure Salary		Category/Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		99999999.99 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			99999999.99 72.50	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			99999999.99	
(c) TOTAL Independent Expenditures.....▶			99999999.99	
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.				
Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015
Signature				

Full Name of Payee Lily Green		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 205 Medallion Circle		Amount 22.50	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 78e20300-2c43-48ed-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	554635.78		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	102.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 10.50	
City New Orleans	State LA	Zip Code 70131	Transaction ID : a71ae1d4-4f8b-456b-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1120 1650 1359 1656"> <tr> <td data-bbox="1120 1650 1359 1656">80.50</td></tr> </table>	80.50
80.50		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1120 1656 1359 1661"> <tr> <td data-bbox="1120 1656 1359 1661"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1120 1661 1359 1669"> <tr> <td data-bbox="1120 1661 1359 1669"></td></tr> </table>	

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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1659 OF 1704
 FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY / / MM / DD / YYYY / / MM / DD / YYYY / /					
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014		
Mailing Address 1700 E Part Ave			Amount 22.50		
City Searcy	State AR	Zip Code 72149	Transaction ID : 67929e35-8ef9-4e46-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014		
Mailing Address 1700 E Part Ave			Amount 23.64		
City Searcy	State AR	Zip Code 72149	Transaction ID : 2332bc07-0ffd-42f2-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.14		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Dylan Simon		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 111 Millrock Drive		Amount 4.11	
City Lafayette	State LA	Zip Code 70508	Transaction ID : b8228029-a1ec-45c0-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ 35.44
(b) SUBTOTAL of Unitemized Independent Expenditures	▶
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1662 OF 1704
 FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY	

Full Name of Payee Ms. Chassidy Menard		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 515 Walter Dr.		Amount 10.00	
City Lafayette	State LA	Zip Code 70507	Transaction ID : e4a4df4d-b13c-4bc7-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Ms. Chassidy Menard		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 515 Walter Dr.		Amount 2.10	
City Lafayette	State LA	Zip Code 70507	Transaction ID : bc122b3a-afb2-468a-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	12.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1663 OF 1704
 FOR LINE 24 OF FORM 3X

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 Cory Bryson			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014		
Mailing Address 216 Dogwood Ln			Amount 105.00		
City Belmont	State NC	Zip Code 28012	Transaction ID : db60bf1d-318a-4bdf-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014		
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Cory Bryson			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014		
Mailing Address 216 Dogwood Ln			Amount 24.90		
City Belmont	State NC	Zip Code 28012	Transaction ID : 7592c058-12a1-48f2-8		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014		
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	129.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1665 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY			
Full Name of Payee Barbara E Spritz		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 3346 Durham St Ext		Amount 50.00	
City Burlington	State NC	Zip Code 27217	Transaction ID : 68d5d000-5760-4d88-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Barbara E Spritz		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 3346 Durham St Ext		Amount 3.30	
City Burlington	State NC	Zip Code 27217	Transaction ID : 7ab5e50f-d64a-44aa-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		53.30	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 3007 Darden Rd		Amount 10.80	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 5f26d595-a959-4490-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	65.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1667 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014		
Mailing Address 3007 Darden Rd			Amount 55.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 1985c284-b558-4628-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Jon Lynch			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014		
Mailing Address 6108 Harkins Ave			Amount 70.00		
City Little Rock	State AR	Zip Code 72210	Transaction ID : 83e79a0f-87b4-4fba-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			125.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1668 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jon Linch			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014		
Mailing Address 6108 Harkins Ave			Amount 29.10		
City Little Rock		State AR	Zip Code 72210		Transaction ID : 805badb1-bd42-4c10-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cassidy Quartararo			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014		
Mailing Address 632 Cameron Court			Amount 65.00		
City Kenner		State LA	Zip Code 70065		Transaction ID : 2b8f9030-e4d6-44eb-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			94.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
			[Electronically Filed]		

Full Name of Payee Theresa Burkhart		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 3126 Chester Ct		Amount 65.00	
City Metairie	State LA	Zip Code 70006	Transaction ID : 95e95160-d552-4bff-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	76.67
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1670 OF 1704
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination 07 31 2014		
Mailing Address 3110 Brentwood Rd			Amount 60.00		
City Raleigh	State NC	Zip Code 27604	Transaction ID : db61418d-ada9-47d4-b Date of Disbursement or Obligation 07 31 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination 07 31 2014		
Mailing Address 3110 Brentwood Rd			Amount 4.50		
City Raleigh	State NC	Zip Code 27604	Transaction ID : d2224a5a-151a-4f6c-9 Date of Disbursement or Obligation 07 31 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	64.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

01

30

2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1671 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY			
Full Name of Payee Diane Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 4006 Wolkswalk Place		Amount 30.00	
City Raleigh	State NC	Zip Code 27610	Transaction ID : f5934508-59e6-4c03-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Diane Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 4006 Wolkswalk Place		Amount 9.00	
City Raleigh	State NC	Zip Code 27610	Transaction ID : 7283c778-9add-46f1-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		39.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1672 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014		
Mailing Address 2565 Shire Circle			Amount 40.00		
City Harrisonburg		State VA	Zip Code 22801		Transaction ID : 45000c72-71e1-48e9-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095959.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sarinda S Dudley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014		
Mailing Address 4367 Splitlog Rd			Amount 30.00		
City Goodman		State MO	Zip Code 64843		Transaction ID : 57d84e62-ffad-4e81-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			292434.22 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			70.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1673 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Sarinda S Dudley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Mailing Address 4367 Splitlog Rd			Amount 24.00	
City Goodman	State MO	Zip Code 64843	Transaction ID : 9f8efc5a-1353-4bb8-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Mailing Address 9909 Treasure Hill Rd			Amount 15.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : b4c1cf31-7114-4844-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			39.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) 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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 3.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : d66eec1d-dfa4-4c90-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Alexa S Dudley		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 4367 Splitlog Rd		Amount 30.00	
City Goodman	State MO	Zip Code 64843	Transaction ID : 00a2d5a1-f932-4419-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 292434.22		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	33.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1675 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Alexa S Dudley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014		
Mailing Address 4367 Splitlog Rd			Amount 9.90 3.90		
City Goodman	State MO	Zip Code 64843	Transaction ID : 15707a1e-913f-4c5e-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014		
Mailing Address 1434 South Avenue			Amount 95.00 95.00		
City Eden	State NC	Zip Code 27288	Transaction ID : 9ab51151-f025-4738-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			98.90 98.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1676 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY					
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014		
Mailing Address 1434 South Avenue			Amount 17.40		
City Eden	State NC	Zip Code 27288	Transaction ID : 73e817bd-f935-42dd-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014		
Mailing Address 110 W Pecan St			Amount 35.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 14ebb47d-b5fa-4aea-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 30 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1677 OF 1704
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 07 / 31 / 2014	
Mailing Address 110 W Pecan St			Amount 30.90	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 8270a08d-ad8b-48c5-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Bradley K Kissinger			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 07 / 31 / 2014	
Mailing Address 3113 Imperial Valley Dr.			Amount 55.00	
City Little Rock	State AR	Zip Code 72212	Transaction ID : d31094e4-5c5f-4d81-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	85.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M / D D / Y Y Y Y
01 / 30 / 2015

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1678 OF 1704
FOR LINE 24 OF FORM 3X

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 Bradley K Kissinger			Date of Public Distribution/Dissemination / / 07 / 31 / 2014		
Mailing Address 3113 Imperial Valley Dr.			Amount 12.30		
City Little Rock		State AR	Zip Code 72212		Transaction ID : fb22510f-38cb-423a-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation / / 07 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination / / 07 / 31 / 2014		
Mailing Address 6101 NORA ST			Amount 40.00		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : d87fff90-f93d-4885-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / / 07 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature 			Date / / 01 / 30 / 2015		

Ms. Emily Buchanan

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1679 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014		
Mailing Address 6101 NORA ST			Amount 0.90		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : 43c83d2d-7299-4c51-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Melanie Slagle			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014		
Mailing Address 77 Southridge Drive			Amount 12.00		
City Spruce Pine		State NC	Zip Code 28777		Transaction ID : 65eb7881-e8b7-46d7-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			12.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 220 Doucet Rd		Amount 35.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : e861fetc-2b44-4165-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	41.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : ecc03497-d623-4908-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	83.42
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 5fef4d64-d617-41f2-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1683 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Mailing Address 6412 Osage Dr			Amount 45.00	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 464082a6-0a2b-4c20-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Mailing Address 6412 Osage Dr			Amount 21.00	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 1e366656-ad63-4d56-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			66.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) 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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1684 OF 1704
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination 07 / 31 / 2014	
Mailing Address 100 Asbury Ct			Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 85ae8339-4905-4496-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jon E Conner			Date of Public Distribution/Dissemination 07 / 31 / 2014	
Mailing Address 100 Asbury Ct			Amount 50.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 1f548bfd-6d98-4569-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 07 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

01 / 30 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1685 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Mailing Address 1103 West Wilson Street			Amount 55.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 0c93c130-5fd9-4b61-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Mailing Address 1103 West Wilson Street			Amount 35.10	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 9415e466-bc04-4eab-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015	
Signature				

Full Name of Payee Carmen Maddrey		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 2043 Nottingham Ln		Amount 3.90	
City Burlington	State NC	Zip Code 27215	Transaction ID : 53f9d584-6433-4374-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	83.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 01 / 30 / 2015

Signature

Full Name of Payee Petrina Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 3007 Darden Rd		Amount 21.60	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 2b1255eb-6d51-49b3-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	121.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Signature

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 85.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : f40f477b-ea0a-4c63-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 33.60		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 1425b91d-439d-48d4-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	118.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1689 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014		
Mailing Address 20679 Glenbrook Terrace			Amount 60.00		
City Sterling		State VA	Zip Code 20165		Transaction ID : 3911912a-e379-42d7-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Courtney Goldstein			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014		
Mailing Address 1809 N Woodlawn			Amount 35.00		
City Metairie		State LA	Zip Code 70001		Transaction ID : 568f4c35-46be-47f8-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			95.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1690 OF 1704
FOR LINE 24 OF FORM 3X

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 Courtney Goldstein		Date of Public Distribution/Dissemination / / 07 / 31 / 2014	
Mailing Address 1809 N Woodlawn		Amount 3.60	
City Metairie	State LA	Zip Code 70001	Transaction ID : 8621ff73-952a-4bd8-8 Date of Disbursement or Obligation / / 07 / 31 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
 554635.78			
Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination / / 07 / 31 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 85.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : f5695203-7fe6-4251-8 Date of Disbursement or Obligation / / 07 / 31 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
 1095959.94			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		 88.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 01 / 30 / 2015	
[Electronically Filed]			

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 1025 Cayley Ct		Amount 57.50	
City	State	Zip Code	Transaction ID : 7703169f-5116-4851-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014
High Point	NC	27260	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
		1095959.94	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	91.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1692 OF 1704
FOR LINE 24 OF FORM 3X

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			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014		
Mailing Address 1025 Cayley Ct		Amount 14.70		
City High Point	State NC	Zip Code 27260	Transaction ID : acd032ca-30f9-4ed9-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014		
Mailing Address 1025 Cayley Ct		Amount 65.00		
City High Point	State NC	Zip Code 27260	Transaction ID : ffcbbd19-61a4-4ff9-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		79.70		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) 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.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1693 OF 1704
FOR LINE 24 OF FORM 3X

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 MM / DD / YYYY			
Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 1025 Cayley Ct		Amount 19.80	
City High Point	State NC	Zip Code 27260	Transaction ID : 96171594-2925-4ecf-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Serena A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 7151 Mullins Drive		Amount 80.00	
City Saltville	State VA	Zip Code 24370	Transaction ID : 5f435ef7-d070-4ada-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		99.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 01 / 30 / 2015	

Full Name of Payee Wayne Burckel		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 46 Glenwood Ave		Amount 15.00	
City Harahan	State LA	Zip Code 70123	Transaction ID : a6c7c78d-a72e-4378-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	37.74
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1696 OF 1704
FOR LINE 24 OF FORM 3X

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		MM / DD / YYYY	
Full Name of Payee Wayne Burckel		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 46 Glenwood Ave		Amount 0.30	
City Harahan	State LA	Zip Code 70123	Transaction ID : a777ea4f-8934-4855-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Earl Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014	
Mailing Address 9455 Snow Camp Road		Amount 80.00	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : 5d5f7784-e68f-4b61-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		80.30	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) 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.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 01 / 30 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1697 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014		
Mailing Address 9455 Snow Camp Road			Amount 3.60		
City Snowcamp		State NC	Zip Code 27349		Transaction ID : cf5afc96-30d7-46d6-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014		
Mailing Address 924 N. Prieur St			Amount 60.00		
City New Orleans		State LA	Zip Code 70116		Transaction ID : 08649ae6-7f33-4183-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015 [Electronically Filed]		

Full Name of Payee Morgan R Padgett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 2164 Kay Rd		Amount 15.00	
City Greenville	State NC	Zip Code 27858	Transaction ID : 95285961-ba7c-4645-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
		24.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1699 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Morgan R Padgett			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014		
Mailing Address 2164 Kay Rd			Amount 5.40		
City Greenville		State NC	Zip Code 27858		Transaction ID : 588a61b7-2683-498c-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jonathan Odette			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014		
Mailing Address 9600 Earpsboro Chamblee Road			Amount 40.00		
City Wendell		State NC	Zip Code 27591		Transaction ID : 5bb9e0c4-d490-4e2b-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095959.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			45.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015 [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1700 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jonathan Odette			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Mailing Address 9600 Earpsboro Chamblee Road			Amount 19.20	
City Wendell	State NC	Zip Code 27591	Transaction ID : 4f34e81d-9ad0-4ac0-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jennifer Susky			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014	
Mailing Address 1117 Shadow Lane			Amount 10.00	
City Benton	State AR	Zip Code 72015	Transaction ID : ca8c6de6-0f82-45e3-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		292434.22	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			29.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015

Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014	
Mailing Address 202 Rue Des Cajun		Amount 40.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 3d86b0e3-2296-4829-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	41.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1702 OF 1704
FOR LINE 24 OF FORM 3X

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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 41.10		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 1af03701-8ea8-4f78-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014		
Mailing Address 804 Roundabout Circle			Amount 60.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 7f6a5d21-ab46-4b4c-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			101.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) 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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2015		
			[Electronically Filed]		

Full Name of Payee Morgan R Padgett		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 2164 Kay Rd		Amount 20.00	
City Greenville	State NC	Zip Code 27858	Transaction ID : 0ba40639-d33f-4f80-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	101.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) 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.

Date _____

Signature

Three examples of 1D barcodes are shown, each with a label above it: MM01, DD30, and YYYY2015. The MM01 barcode has two 'M' labels above the first two bars. The DD30 barcode has two 'D' labels above the first two bars. The YYYY2015 barcode has four 'Y' labels above the first four bars.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1704 OF 1704
FOR LINE 24 OF FORM 3X

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			MM / DD / YYYY		
Full Name of Payee Pound, Feinstein & Associates			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014		
Mailing Address 5614 Connecticut Ave, NW Ste 270			Amount 6612.50		
City Washington		State DC	Zip Code 20015		Transaction ID : 2a250656-7c68-46dc-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Purpose of Expenditure Doorhangers		Category/Type 004			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 292434.22			Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City		State	Zip Code		Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type			
Name of Federal Candidate			Office Sought: ☐ House District: _____ ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			6612.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			131074.88		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date MM / DD / YYYY 01 / 30 / 2015		
			[Electronically Filed]		