

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.
Women Speak Out PAC

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Women Speak Out PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="1842.48"/>	<input type="text" value="1842.48"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="398281.65"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="34065.49"/>	<input type="text" value="3682448.71"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="432347.14"/>	<input type="text" value="3684291.19"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="60130.23"/>	<input type="text" value="3312074.28"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="372216.91"/>	<input type="text" value="372216.91"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

Write or Type Committee Name

Women Speak Out PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	16475.00	3506074.09
(ii) Unitemized	17590.49	106374.62
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	34065.49	3612448.71
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0	70000
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	34065.49	3682448.71
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	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))..... ▶	34065.49	3682448.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	34065.49	3682448.71

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	25967.46	1232317.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	25967.46	1232317.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	3000
24. Independent Expenditures (use Schedule E)	34162.77	2076756.54
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)) ..	60130.23	3312074.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60130.23	3312074.28

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)	34065.49	3682448.71
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34065.49	3682448.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	25967.46	1232317.74
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	25967.46	1232317.74

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 317
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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

A. Thomas Posatko
Full Name (Last, First, Middle Initial)
Mailing Address 507 West 9th Street

City Wilmington	State DE	Zip Code 19801
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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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : 58-AD63-3472AC066158

Amount of Each Receipt this Period
500.00

B. Robert Michalewicz
Full Name (Last, First, Middle Initial)
Mailing Address 337 Michalewicz Road

City Best	State TX	Zip Code 76932
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Rancher
-----------------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2014

Transaction ID : 75-BDFF-6B306945438A

Amount of Each Receipt this Period
500.00

C. Paul McFadden
Full Name (Last, First, Middle Initial)
Mailing Address 9504 Indianfield Drive

City Mechanicsville	State VA	Zip Code 23116
------------------------	-------------	-------------------

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 M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2014

Transaction ID : 79-BCCE-3B14F6A486A8

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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 7 OF 317
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. John Hoch
Full Name (Last, First, Middle Initial)

Mailing Address 580 West 215th Street Apt. 4a

City New York	State NY	Zip Code 10034
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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 ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2014

Transaction ID : B1-AB3C-82FB7863BEB5

Amount of Each Receipt this Period
1250.00

B. John Valerius
Full Name (Last, First, Middle Initial)

Mailing Address 1909 Canterbury Street

City Irving	State TX	Zip Code 75062
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
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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
11	/	17	/	2014

Transaction ID : 10-9E8C-229C37C1405E

Amount of Each Receipt this Period
250.00

C. Henry Davison
Full Name (Last, First, Middle Initial)

Mailing Address 7821 Buist Avenue

City Philadelphia	State PA	Zip Code 19153
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FEC ID number of contributing federal political committee. **C**

Name of Employer SSA	Occupation Civil Servant
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2014

Transaction ID : A5-AD62-B34279183569

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 317
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)
A. George Bridgman

Mailing Address 1092 87th Avenue West

City Duluth State MN Zip Code 55808

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 M / D D D / Y Y Y Y Y Y
11 / 17 / 2014

Transaction ID : 3D-8EE7-8103D49928DA

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
B. Stephen Good

Mailing Address 3304 Grand Avenue

City Everett State WA Zip Code 98201

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 ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2014

Transaction ID : 3B-8E51-D4EAF42EEBEE

Amount of Each Receipt this Period
225.00

Full Name (Last, First, Middle Initial)
C. Ralph Schmidt

Mailing Address 2925 Piano Bridge Road

City Schulenburg State TX Zip Code 78956

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 M / D D D / Y Y Y Y Y Y
11 / 17 / 2014

Transaction ID : FA-BBF9-771B2A08D7E1

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1525.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 317
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)
A. Lawrence Rakunas

Mailing Address 1150 Willowgate Lane

City State Zip Code
Saint Charles IL 60174

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

Name of Employer Occupation
Northwest Airlines 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 Y
11 / 17 / 2014

Transaction ID : A3-A93C-A19AE4E22FBC

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
B. Pamela Gilardi

Mailing Address 105 Due East Avenue

City State Zip Code
New Smyrna Beach FL 32169

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
M M / D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : C1-9195-B78E5E261EB4

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Nancy Reed

Mailing Address 2201 E Hickory Hill Road

City State Zip Code
Argyle TX 76226

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
M M / D D / Y Y Y Y Y Y
11 / 17 / 2014

Transaction ID : 34-9553-C364637DCA7D

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2300.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 317
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Mary Murphy
Full Name (Last, First, Middle Initial)
Mailing Address 46 Central Drive

City Plandome	State NY	Zip Code 11030
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2014

Transaction ID : DA-9FCC-78DA9DA599BC

Amount of Each Receipt this Period
1000.00

B. Josephine Noetzel
Full Name (Last, First, Middle Initial)
Mailing Address 238 Surrey Lane

City Lake Forest	State IL	Zip Code 60045
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FEC ID number of contributing federal political committee. **C**

Name of Employer Deloitte	Occupation Mgmt Consultant
------------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2014

Transaction ID : 53-842F-CE7BCCBC1497

Amount of Each Receipt this Period
1000.00

C. Carol Crossed
Full Name (Last, First, Middle Initial)
Mailing Address 1675 Clover Street

City Rochester	State NY	Zip Code 14618
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FEC ID number of contributing federal political committee. **C**

Name of Employer Seamless Garment Network	Occupation President, SBA Museum
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : C2-81FD-11FD1EAE910F

Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 317
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Anne Perri
Full Name (Last, First, Middle Initial)

Mailing Address 4975 Southwest 65th Avenue

City Portland	State OR	Zip Code 97221
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FEC ID number of contributing federal political committee. **C**

Name of Employer Best Buy In Town, Inc.	Occupation Secretary/Treasurer
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2014

Transaction ID : 89-B08F-53725CA54E5D

Amount of Each Receipt this Period
1000.00

B. Rosemary Perez
Full Name (Last, First, Middle Initial)

Mailing Address 6822 Oregon Street

City Buena Park	State CA	Zip Code 90621
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FEC ID number of contributing federal political committee. **C**

Name of Employer St. Joseph Hospital	Occupation Mammographer
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2014

Transaction ID : E7-BA94-779B2FC1D07B

Amount of Each Receipt this Period
1000.00

C. Elaine Moczygemba
Full Name (Last, First, Middle Initial)

Mailing Address 452 K D M Lane

City Hobson	State TX	Zip Code 78117
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Dry-Land Farmer
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2014

Transaction ID : A9-8E54-9D6BBF46529C

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional).....	2400.00
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 12 OF 317
(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. David Ream

Mailing Address 19514 Orrick Trail

City State Zip Code
Kirksville MO 63501

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

Name of Employer Occupation
Self-Employed Clergyman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2014
Transaction ID : DD-9B35-F6002C8972EE

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Anthony Dimaggio

Mailing Address 28001 Southfield Road

City State Zip Code
Lathrup Village MI 48076

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

Name of Employer Occupation
General Motors Engineer

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
 11 / 20 / 2014
Transaction ID : F1-9CCE-E5F2F7907C3C

Amount of Each Receipt this Period
250.00

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	16475.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Activist Manager

Mailing Address PO Box 601

City State Zip Code
Great Falls VA 22066

Purpose of Disbursement
Consulting

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : FA6AC11A-E059-45E5-8

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Andresen Blom

Mailing Address 101 Asbury Ct.

City State Zip Code
Winchester VA 22602

Purpose of Disbursement
Consulting

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : EA74CC9A-D9B4-4D52-9

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Trace Strategies, LLC

Mailing Address 11104 Westpoint Court

City State Zip Code
Little Rock AR 72211

Purpose of Disbursement
Consulting

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : F4850855-05A0-4E58-A

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Discount Bankcard

Mailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing Fees

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
11		17		2014

Transaction ID : 9EC6A76A-9B06-41AC-8

Amount of Each Disbursement this Period

53.01

Full Name (Last, First, Middle Initial)

B. Discount Bankcard

Mailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing Fees

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
11		18		2014

Transaction ID : 7E73941E-AECB-4A9E-A

Amount of Each Disbursement this Period

1.24

Full Name (Last, First, Middle Initial)

C. Discount Bankcard

Mailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing Fees

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
11		18		2014

Transaction ID : 83E89090-D48D-4250-B

Amount of Each Disbursement this Period

2.67

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

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

56.92

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Discount Bankcard

Mailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing Fees

001
Category/
Type

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
11 / 20 / 2014

Transaction ID : BC446E5D-B858-43C7-A

Amount of Each Disbursement this Period

0.48

Full Name (Last, First, Middle Initial)

B. Discount Bankcard

Mailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing Fees

001
Category/
Type

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
11 / 24 / 2014

Transaction ID : A61DEB24-2AEB-4C9A-8

Amount of Each Disbursement this Period

11.59

Full Name (Last, First, Middle Initial)

C. Discount Bankcard

Mailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing Fees

001
Category/
Type

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
11 / 24 / 2014

Transaction ID : 20C6A12D-0482-4417-B

Amount of Each Disbursement this Period

17.30

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

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

29.37

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Intuit

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	0		2	0	1	4

Transaction ID : 183F24F2-CFFA-4233-B

Amount of Each Disbursement this Period

7	.	7	5
---	---	---	---

Full Name (Last, First, Middle Initial)

B. Intuit

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	0		2	0	1	4

Transaction ID : B4BB5D13-2C16-4B49-9

Amount of Each Disbursement this Period

0	.	4	8
---	---	---	---

Full Name (Last, First, Middle Initial)

C. Intuit

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	7		2	0	1	4

Transaction ID : 6A8EB39B-7B23-485F-8

Amount of Each Disbursement this Period

3	9	.	6	5
---	---	---	---	---

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

4	7	.	8	8
---	---	---	---	---

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

4	7	.	8	8
---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Intuit

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2014

Transaction ID : 6AED2660-0050-4ACD-B

Amount of Each Disbursement this Period

7.75

Full Name (Last, First, Middle Initial)

B. Intuit

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 21 / 2014

Transaction ID : 26A4E47A-F6C2-4F8E-A

Amount of Each Disbursement this Period

51.28

Full Name (Last, First, Middle Initial)

C. Intuit

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 24 / 2014

Transaction ID : B23D0019-458F-4142-8

Amount of Each Disbursement this Period

1.81

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

60.84

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Intuit

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement
Credit Card Processing Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2014			

Transaction ID : A39A84F2-D7C7-46A3-B

Amount of Each Disbursement this Period

30.17

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
Mary Kate Collins Bonus for KS Work

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2014			

Transaction ID : 024197A6-D6E0-4FF1-9

Amount of Each Disbursement this Period

427.59

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	/	D	D	/	Y	Y	Y	Y
11			17			2014			

Transaction ID : 6699BD7A-AB91-4943-A

Amount of Each Disbursement this Period

125.28

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

583.04

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. PayChex

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement
Payroll Processing

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2014

Transaction ID : EB755035-857D-41AC-8

Amount of Each Disbursement this Period

48.80

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
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 21 / 2014

Transaction ID : ED24493F-F231-4862-9

Amount of Each Disbursement this Period

173.73

Full Name (Last, First, Middle Initial)

C. Beene Office Park, LLC

Mailing Address 2250 Hospital Drive
Suite 220

City Bossier City State LA Zip Code 71111

Purpose of Disbursement
Rent

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 21 / 2014

Transaction ID : E610576D-BA82-4560-B

Amount of Each Disbursement this Period

455.50

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

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

678.03

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Dueling Oak, LLC

Mailing Address PO Box 1026

City Madisonville State LA Zip Code 70447

Purpose of Disbursement
Rent

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 54801F37-BDF9-4356-A

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Jay Canella

Mailing Address 3914 Lake Sherwood Ave

City East Batoune Rouge State LA Zip Code 70816

Purpose of Disbursement
Rent

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : FC01D6F4-6074-478B-B

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Orleans Place, LLC

Mailing Address PO Box 52592

City Lafayette State LA Zip Code 70505

Purpose of Disbursement
Rent

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 25A86309-E981-4C0F-8

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. IRS

Mailing Address IRS

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement Taxes

001
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
11 / 21 / 2014

Transaction ID : F549F0B3-86A4-4115-B

Amount of Each Disbursement this Period

1453.11

Full Name (Last, First, Middle Initial)

B. DC Unemployment Services

Mailing Address 501 C St. NW #501

City Washington State DC Zip Code 20001

Purpose of Disbursement Taxes

001
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
11 / 21 / 2014

Transaction ID : D94692A5-1D9F-4744-B

Amount of Each Disbursement this Period

1.60

Full Name (Last, First, Middle Initial)

C. LA Unemployment

Mailing Address 1001 North 23rd St, P.O. Box 94094

City Baton Rouge State LA Zip Code 70804

Purpose of Disbursement Taxes

001
Category/
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
11 / 21 / 2014

Transaction ID : 166AF341-C731-4AE4-9

Amount of Each Disbursement this Period

225.05

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

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

1679.76

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. NC Unemployment

Mailing Address 1101 Mail Service Center

City Raleigh State NC Zip Code 27699

Purpose of Disbursement Taxes

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 6B79FE48-D75D-4685-A

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. IRS

Mailing Address IRS

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement Taxes

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : E140281E-F89F-40E8-9

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 1827813D-7938-4C5F-B

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City Bakersville State NC Zip Code 28705

Purpose of Disbursement
Travel Reimbursement

002

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2014

Transaction ID : 0EDCE7F1-4CB6-469E-A

Amount of Each Disbursement this Period

606.33

Full Name (Last, First, Middle Initial)

B. Mr. Grayson Greco

Mailing Address 115 Wyndham Way

City Wilmington State NC Zip Code 24811

Purpose of Disbursement
Travel Reimbursement

002

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2014

Transaction ID : 23545FF5-7AC6-43C5-A

Amount of Each Disbursement this Period

158.51

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

002

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2014

Transaction ID : 9A3FD37D-617A-400C-B

Amount of Each Disbursement this Period

987.38

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

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

1752.22

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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. Laurie Lee

Mailing Address 11104 Westpoint Court

City Little Rock State AR Zip Code 72211

Purpose of Disbursement
Travel Reimbursement

002
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 75B0CC1D-4636-47F4-8

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Martha C Luke

Mailing Address 345 S Club Ave

City St. Gabriel State LA Zip Code 70776

Purpose of Disbursement
Travel Reimbursement

002
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D4B04F8F-328C-4401-9

Amount of Each Disbursement this Period

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

002
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : A7740E11-9B33-47D4-9

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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. Petrina Williams

Mailing Address 3007 Darden Rd

City Greensboro State NC Zip Code 27407

Purpose of Disbursement
Travel Reimbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 17A19322-CB7B-422A-8

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Taylor Wilson

Mailing Address 6300 terra verde dr

City Raleigh State NC Zip Code 27609

Purpose of Disbursement
Travel Reimbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 672D98DB-139F-437A-A

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Cleco Power, LLC

Mailing Address PO Box

City Dallas State TX Zip Code 75266

Purpose of Disbursement
Utilities

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 3C8E07DC-3188-465D-8

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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. Duke Energy

Mailing Address PO Box 70516

City Charlotte State NC Zip Code 28272

Purpose of Disbursement
Utilities

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 500A5032-28DC-4B37-9

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Chain Bridge Bank

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement
Wire Transfer Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : F2DFBF71-8258-4AC0-B

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Chain Bridge Bank

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement
Wire Transfer Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 26591F4F-D60B-4124-9

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Chain Bridge Bank

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement
Wire Transfer Fee

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 4968ABFA-199C-422E-B

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Amanda Boley
Mailing Address
Split Oak Drive
City
charlotte State
NC Zip Code
28227
Date of Public Distribution/Dissemination
11 / 17 / 2014
Amount
80.00
Transaction ID : 2eef6dd0-3b87-4f6c-9
Purpose of Expenditure
Salary Category/Type
001
Date of Disbursement or Obligation
11 / 17 / 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
505646.06
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Amanda Boley
Mailing Address
Split Oak Drive
City
charlotte State
NC Zip Code
28227
Date of Public Distribution/Dissemination
11 / 17 / 2014
Amount
19.02
Transaction ID : 0ef58d5c-8dcc-429e-9
Purpose of Expenditure
Mileage Category/Type
002
Date of Disbursement or Obligation
11 / 17 / 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
505646.06
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 99.02
(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.
Ms. Emily Buchanan
[Electronically Filed]
Date 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Carla K Pilgreen
Mailing Address
212 Stonecliff Dr
City
West Monro State
LA Zip Code
71291
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
505646.06

Date of Public Distribution/Dissemination
11 / 17 / 2014
Amount
30.00
Transaction ID : f139e70f-cda6-4f73-9
Date of Disbursement or Obligation
11 / 17 / 2014
Office Sought:
House District: 00
President Senate State: LA
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Carla K Pilgreen
Mailing Address
212 Stonecliff Dr
City
West Monro State
LA Zip Code
71291
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
505646.06

Date of Public Distribution/Dissemination
11 / 17 / 2014
Amount
6.00
Transaction ID : 82f8d5c6-06c3-4c99-b
Date of Disbursement or Obligation
11 / 17 / 2014
Office Sought:
House District: 00
President Senate State: LA
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.

Ms. Emily Buchanan
[Electronically Filed]
Date
12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Laura U Logie
Mailing Address: 2565 Shire Circle
City: Harrisonburg, State: VA, Zip Code: 22801
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/17/2014
Amount: 40.00
Transaction ID: f3932ca4-0422-4be0-8
Date of Disbursement or Obligation: 11/17/2014
Name of Federal Candidate: Ms. Mary L Landriau
Office Sought: Senate, State: LA
Disbursement For: General

Full Name of Payee: Lesley Lennox
Mailing Address: 2305 Cleary Ave
City: Metairie, State: LA, Zip Code: 70001
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/17/2014
Amount: 12.50
Transaction ID: 8192a80e-9fc8-42a1-9
Date of Disbursement or Obligation: 11/17/2014
Name of Federal Candidate: Ms. Mary L Landriau
Office Sought: Senate, State: LA
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 52.50
(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: 12/04/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>		

Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 2305 Cleary Ave		Amount <input type="text"/>
City Metairie	State LA	Zip Code 70001
Purpose of Expenditure Mileage		Category/Type <input type="text"/>
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) _____

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 924 N. Prieur St		Amount <input type="text"/>
City New Orleans	State LA	Zip Code 70116
Purpose of Expenditure Salary		Category/Type <input type="text"/>
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) _____

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

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan
Signature

[Electronically Filed] Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Christopher L Gilbert	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 17 / 2014
Mailing Address 55 Lovell Johnson Rd	Amount 46.20
City State Zip Code Picayune MS 39466	
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
505646.06	

Transaction ID : e5c8edac-e997-4023-a

Full Name of Payee Lilly Green	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 17 / 2014
Mailing Address 205 Medallion Circle	Amount 80.00
City State Zip Code Shreveport LA 71119	
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
505646.06	

Transaction ID : c03f8e6d-9f23-4412-9

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	126.20
(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 M M / D D / Y Y Y Y Y Y
12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Lilly Green
Mailing Address
205 Medallion Circle
City
Shreveport State
LA Zip Code
71119
Date of Public Distribution/Dissemination
11 / 17 / 2014
Amount
50.40
Transaction ID : 8a9b63d1-b5e7-4ac2-a
Date of Disbursement or Obligation
11 / 17 / 2014
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose Office Sought:
House Senate State:
LA
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Gregory Green
Mailing Address
2506 Bolch Street
City
Shreveport State
LA Zip Code
71104
Date of Public Distribution/Dissemination
11 / 17 / 2014
Amount
80.00
Transaction ID : c2319680-67c6-4383-8
Date of Disbursement or Obligation
11 / 17 / 2014
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose Office Sought:
House Senate State:
LA
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 130.40
(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 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Gregory Green	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 17 / 2014
Mailing Address 2506 Bolch Street	Amount 64.50
City State Zip Code Shreveport LA 71104	
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Zachary Vidrine	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 17 / 2014
Mailing Address 202 Rue Des Cajun	Amount 65.00
City State Zip Code Ville Platte LA 70586	
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	129.50
(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
12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Zachary Vidrine	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 17 / 2014
Mailing Address 202 Rue Des Cajun	Amount 17.10
City State Zip Code Ville Platte LA 70586	
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Transaction ID : 42b05423-f148-4d99-a

Full Name of Payee Joshua J Huffman	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 17 / 2014
Mailing Address 211 Dixie Ave	Amount 70.00
City State Zip Code Harrisonburg VA 22801	
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Transaction ID : 7c4ea002-263b-4b70-b

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	87.10
(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 Y Y
12 / 04 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Evelyn Lesaicherre
Mailing Address
629 Radiance Ave
City
Metairie State
LA Zip Code
70001
Date of Public Distribution/Dissemination
11 / 17 / 2014
Amount
80.00
Transaction ID : a7ef21b0-91ea-4b23-9
Date of Disbursement or Obligation
11 / 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
505646.06
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Evelyn Lesaicherre
Mailing Address
629 Radiance Ave
City
Metairie State
LA Zip Code
70001
Date of Public Distribution/Dissemination
11 / 17 / 2014
Amount
4.50
Transaction ID : 581078ae-36f3-4d92-a
Date of Disbursement or Obligation
11 / 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
505646.06
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.

Ms. Emily Buchanan
[Electronically Filed]
Date 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Jenny N Brown	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 17 / 2014
Mailing Address 1270 Lovelady Rd	Amount 40.00
City West Monroe State LA Zip Code 71292	Transaction ID : 46785a8b-7611-4bce-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 17 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Jenny N Brown	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 17 / 2014
Mailing Address 1270 Lovelady Rd	Amount 7.50
City West Monroe State LA Zip Code 71292	Transaction ID : 989dbd45-a2c7-4840-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 17 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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.

Ms. Emily Buchanan [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 04 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Virginia T Grant	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014
Mailing Address 134 Shore Crest Circle	Amount 8.70
City Carriere State MS Zip Code 39426	Transaction ID : 50e95738-9f33-414f-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> 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 11 / 17 / 2014
Mailing Address 6101 NORA ST	Amount 60.00
City METAIRIE State LA Zip Code 70003	Transaction ID : 50a525d2-2e32-4012-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 17 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	68.70
(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 M / D D D / Y Y Y Y Y Y
12 / 04 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Julia Perry	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 17 / 2014
Mailing Address 2046 Perrin St Apt C	Amount 12.90
City Shreveport	State LA
Zip Code 71101	Transaction ID : 4cb17c15-9e4b-4a9a-8
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY 11 / 17 / 2014
Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Carl Brent	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 17 / 2014
Mailing Address 6718 Lake Willow Dr	Amount 80.00
City New Orleans	State LA
Zip Code 70126	Transaction ID : a4611787-2221-4e58-b
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY 11 / 17 / 2014
Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	92.90
(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 MM / DD / YYYY
12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Carl Brent
Mailing Address
6718 Lake Willow Dr
City
New Orleans State
LA Zip Code
70126
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
505646.06

Date of Public Distribution/Dissemination
11 / 17 / 2014
Amount
12.00
Transaction ID : 869fc139-b0de-4735-9
Date of Disbursement or Obligation
11 / 17 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Michael Vidrine
Mailing Address
1103 West Wilson Street
City
Ville Platte State
LA Zip Code
70586
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
505646.06

Date of Public Distribution/Dissemination
11 / 17 / 2014
Amount
80.00
Transaction ID : deb2cca3-8ff7-4fde-8
Date of Disbursement or Obligation
11 / 17 / 2014
Office Sought: House District: 00
Senate State: LA
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] Date 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Michael Vidrine	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 17 / 2014
Mailing Address 1103 West Wilson Street	Amount 30.90
City Ville Platte	State LA
Zip Code 70586	Transaction ID : 8c52a14c-a217-488c-b
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY 11 / 17 / 2014
Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Jeanne Tribou	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 17 / 2014
Mailing Address 22369 Ponderosa Dr.	Amount 40.00
City Mandeville	State LA
Zip Code 70471	Transaction ID : ed870f42-6e8a-4361-b
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY 11 / 17 / 2014
Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	70.90
(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 MM / DD / YYYY
12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Colton R Overcash
Mailing Address: 121 Ohara Dr
City: Salisbury, State: NC, Zip Code: 28147
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/17/2014
Amount: 72.90
Transaction ID: 6768bb8a-c18d-4dee-8
Name of Federal Candidate: Ms. Mary L Landrieu, Support/Oppose, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 505646.06
Disbursement For: General 2014

Full Name of Payee: Christine Stevens
Mailing Address: 100 Asbury Ct
City: Winchester, State: VA, Zip Code: 22602
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/17/2014
Amount: 70.00
Transaction ID: 10493cd5-82b6-4d62-9
Name of Federal Candidate: Ms. Mary L Landrieu, Support/Oppose, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 505646.06
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 142.90
(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: 12/04/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Jazmine d Conner	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 17 / 2014
Mailing Address 100 ASBURY CT	Amount 60.00
City State Zip Code WINCHESTER VA 22602	
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Transaction ID : 67311cc0-15b0-4dfd-b
Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y
11 / 17 / 2014

Full Name of Payee Jon E Conner	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 17 / 2014
Mailing Address 100 Asbury Ct	Amount 60.00
City State Zip Code Winchester VA 22602	
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Transaction ID : 5f5dd19e-780e-4f88-b
Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y
11 / 17 / 2014

(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

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Rodney O Culbreath
Mailing Address
100 Asbury Ct
City
Winchester State
VA Zip Code
22602
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu
Calendar Year-To-Date
Per Election for Office Sought
505646.06

Date of Public Distribution/Dissemination
11 / 17 / 2014
Amount
70.00
Transaction ID : 7879ef91-c001-4e55-9
Date of Disbursement or Obligation
11 / 17 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Rodney D Culbreth
Mailing Address
100 Asbury CT
3200 Dam Neck Rd
City
Winchester State
VA Zip Code
22602
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu
Calendar Year-To-Date
Per Election for Office Sought
505646.06

Date of Public Distribution/Dissemination
11 / 17 / 2014
Amount
70.00
Transaction ID : e123f00e-9d25-4186-8
Date of Disbursement or Obligation
11 / 17 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
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 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Michael B Fuhrmann
Mailing Address: 329 Columbia St
City: Shreveport, State: LA, Zip Code: 71104
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/17/2014
Amount: 4.20
Transaction ID: efd6794d-23e3-4209-b
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] President, [X] Senate, District: 00, State: LA
Disbursement For: [] Primary, [X] General, 2014

Full Name of Payee: Timothy Foley
Mailing Address: 20679 Glenbrook Terrace
City: Sterling, State: VA, Zip Code: 20165
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/17/2014
Amount: 15.00
Transaction ID: 1565c13f-a520-4a60-8
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] President, [X] Senate, District: 00, State: LA
Disbursement For: [] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 19.20
(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 12/04/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Mary C Lee
Mailing Address: 1030 N Coolidge Ave
City: Gonzales, State: LA, Zip Code: 70737
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/17/2014
Amount: 100.00
Transaction ID: 16962c86-27ea-4f0e-a
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] President, [X] Senate, District: 00, State: LA
Disbursement For: [] Primary, [X] General, [] Other (specify)

Full Name of Payee: Mary C Lee
Mailing Address: 1030 N Coolidge Ave
City: Gonzales, State: LA, Zip Code: 70737
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/17/2014
Amount: 19.50
Transaction ID: b7384863-6341-481a-9
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] President, [X] Senate, District: 00, State: LA
Disbursement For: [] Primary, [X] General, [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 119.50
(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 12/04/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Joshua J Huffman
Mailing Address: 211 Dixie Ave
City: Harrisonburg, State: VA, Zip Code: 22801
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/18/2014
Amount: 62.50
Transaction ID: 6623a7d9-3453-47e5-8
Date of Disbursement or Obligation: 11/18/2014
Name of Federal Candidate: Ms. Mary L Landriau
Office Sought: Senate, State: LA
Disbursement For: General

Full Name of Payee: Antoinette Franklin
Mailing Address: 8822 Apple St
City: New Orleans, State: LA, Zip Code: 70188
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/18/2014
Amount: 60.00
Transaction ID: d996caa3-6039-4910-b
Date of Disbursement or Obligation: 11/18/2014
Name of Federal Candidate: Ms. Mary L Landriau
Office Sought: Senate, State: LA
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 122.50
(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: 12/04/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Tammy Williams
Mailing Address: 924 N. Priour St
City: New Orleans, State: LA, Zip Code: 70116
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/18/2014
Amount: 15.00
Transaction ID: 4ef025f9-09e3-4865-a
Name of Federal Candidate: Ms. Mary L Landriou, Support: [], Oppose: [X]
Office Sought: [] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 505646.06
Disbursement For: [] Primary, [X] General, [] Other (specify)

Full Name of Payee: Francesca Blom
Mailing Address: 101 Asbury Ct
City: Winchester, State: VA, Zip Code: 22602
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/18/2014
Amount: 75.00
Transaction ID: 69d643d0-95de-4105-a
Name of Federal Candidate: Ms. Mary L Landriou, Support: [], Oppose: [X]
Office Sought: [] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 505646.06
Disbursement For: [] Primary, [X] 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.

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 12/04/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Eva M Johnston	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014
Mailing Address 2517 N 47th St	Amount M M M M . 0 0 25.00
City State Zip Code Milwaukee WI 53210	
Purpose of Expenditure Salary	Category/Type 0 0 1
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought M M M M . 0 0 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Transaction ID : 2e219066-8e9c-4319-b

Full Name of Payee Noah J Smith	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014
Mailing Address 41174 Bertville Rd	Amount M M M M . 0 0 25.00
City State Zip Code Gonzales LA 70737	
Purpose of Expenditure Salary	Category/Type 0 0 1
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought M M M M . 0 0 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Transaction ID : edc2187b-4ff7-4023-9

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	M M M M . 0 0 50.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	M M M M . 0 0
(c) TOTAL Independent Expenditures.....▶	M M M M . 0 0

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of 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
12 / 04 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Christopher Marquess
Mailing Address
110 W Pecan St
City
Ville Platte State
LA Zip Code
70586
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
11 / 18 / 2014
Amount
50.00
Transaction ID : 75ce202f-d427-4b98-b
Date of Disbursement or Obligation
11 / 18 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State: LA
Disbursement For:
General 2014

Full Name of Payee
Christopher Marquess
Mailing Address
110 W Pecan St
City
Ville Platte State
LA Zip Code
70586
Purpose of Expenditure
Mileage Category/Type
002
Date of Public Distribution/Dissemination
11 / 18 / 2014
Amount
37.20
Transaction ID : 409d2c50-fa67-404e-b
Date of Disbursement or Obligation
11 / 18 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State: LA
Disbursement For:
General 2014

(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
[Electronically Filed]
Date
12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Colton R Overcash
Mailing Address: 121 Ohara Dr
City: Salisbury, State: NC, Zip Code: 28147
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/18/2014
Amount: 65.70
Transaction ID: 5d33a7c3-15a5-46dc-8
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] President, [X] Senate, District: 00, State: LA
Disbursement For: [] Primary, [X] General, 2014

Full Name of Payee: Felicia A Jones
Mailing Address: 4106 Martha St
City: Shreveport, State: LA, Zip Code: 71109
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/19/2014
Amount: 80.00
Transaction ID: 817f5da6-f8a8-4dc5-b
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] President, [X] Senate, District: 00, State: LA
Disbursement For: [] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 145.70
(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: 12/04/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Felicia A Jones
Mailing Address 4106 Martha St
City Shreveport State LA Zip Code 71109
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 11/19/2014
Amount 8.40
Transaction ID : dd400484-a9c8-41ed-b
Date of Disbursement or Obligation 11/19/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General 2014

Full Name of Payee Julia Perry
Mailing Address 2046 Perrin St Apt C
City Shreveport State LA Zip Code 71101
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 11/19/2014
Amount 100.00
Transaction ID : b8d973e8-5e6d-49a0-9
Date of Disbursement or Obligation 11/19/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 108.40
(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 12/04/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Julia Perry
Mailing Address: 2046 Perrin St Apt C
City: Shreveport, State: LA, Zip Code: 71101
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 10.50
Transaction ID: 2a6d7fa0-58dc-42e4-a
Date of Disbursement or Obligation: 11/19/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General

Full Name of Payee: Christopher L Gilbert
Mailing Address: 55 Lovell Johnson Rd
City: Picayune, State: MS, Zip Code: 39466
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 80.00
Transaction ID: e61a59eb-20fd-4317-8
Date of Disbursement or Obligation: 11/18/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General

(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.

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 12/04/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Christopher L Gilbert
Mailing Address
55 Lovell Johnson Rd
City
Picayune State
MS Zip Code
39466
Purpose of Expenditure
Mileage Category/
Type 002

Date of Public Distribution/Dissemination
11 / 18 / 2014
Amount
45.00
Transaction ID : 5db6da3e-1f74-4af0-9
Date of Disbursement or Obligation
11 / 18 / 2014

Name of Federal Candidate
Ms. Mary L Landrieu
Support
Oppose
Office Sought:
House
Senate
District: 00
State: LA

Disbursement For:
Primary
General
Other (specify)
2014

Full Name of Payee
Christine Stevens
Mailing Address
100 Asbury Ct
City
Winchester State
VA Zip Code
22602
Purpose of Expenditure
Salary Category/
Type 001

Date of Public Distribution/Dissemination
11 / 18 / 2014
Amount
70.00
Transaction ID : 4b0ab6d8-0ee4-4a81-8
Date of Disbursement or Obligation
11 / 18 / 2014

Name of Federal Candidate
Ms. Mary L Landrieu
Support
Oppose
Office Sought:
House
Senate
District: 00
State: LA

Disbursement For:
Primary
General
Other (specify)
2014

(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 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Jon E Conner
Mailing Address
100 Asbury Ct
City
Winchester State
VA Zip Code
22602
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu
Calendar Year-To-Date
Per Election for Office Sought
505646.06

Date of Public Distribution/Dissemination
11 / 18 / 2014
Amount
70.00
Transaction ID : 0ff1fa74-338b-4b46-b
Date of Disbursement or Obligation
11 / 18 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Rodney D Culbreth
Mailing Address
100 Asbury CT
3200 Dam Neck Rd
City
Winchester State
VA Zip Code
22602
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu
Calendar Year-To-Date
Per Election for Office Sought
505646.06

Date of Public Distribution/Dissemination
11 / 18 / 2014
Amount
70.00
Transaction ID : 49d8ee7d-0f1d-4a8e-b
Date of Disbursement or Obligation
11 / 18 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
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 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Jazmine d Conner	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014
Mailing Address 100 ASBURY CT	Amount 70.00
City State Zip Code WINCHESTER VA 22602	Transaction ID : e98dbe52-d463-40b7-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> 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 11 / 18 / 2014
Mailing Address 100 Asbury Ct	Amount 70.00
City State Zip Code Winchester VA 22602	Transaction ID : 59b39fe1-a7cb-4ebd-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> 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 M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> 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 11 / 18 / 2014
Mailing Address 100 Asbury Ct	Amount 70.00
City Winchester	State VA
Zip Code 22602	Transaction ID : 65a04e44-cd69-494e-9
Purpose of Expenditure Salary	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014
Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Alice K Salazar	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014
Mailing Address 605 W Houston St	Amount 70.00
City Marshall	State TX
Zip Code 75633	Transaction ID : 803475f4-f277-4e06-8
Purpose of Expenditure Salary	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014
Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> 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 M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Gregory Green
Mailing Address: 2506 Bolch Street
City: Shreveport, State: LA, Zip Code: 71104
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/18/2014
Amount: 43.20
Transaction ID: b3141f3f-609d-4f70-a
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] President, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 505646.06
Disbursement For: [] Primary, [X] General, [] Other (specify)

Full Name of Payee: Lilly Green
Mailing Address: 205 Medallion Circle
City: Shreveport, State: LA, Zip Code: 71119
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/18/2014
Amount: 80.00
Transaction ID: 4d532fa3-badf-4e2b-b
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] President, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 505646.06
Disbursement For: [] Primary, [X] General, [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 123.20
(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 12/04/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Jeanne Tribou
Mailing Address: 22369 Ponderosa Dr.
City: Mandeville, State: LA, Zip Code: 70471
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/18/2014
Amount: 7.80
Transaction ID: 9c85cc03-f289-45c0-8
Date of Disbursement or Obligation: 11/18/2014
Name of Federal Candidate: Ms. Mary L Landriau
Office Sought: Senate, State: LA
Disbursement For: General

Full Name of Payee: Cynthia N Schmit
Mailing Address: 2226 Taft Circle Apt 1
City: Winchester, State: VA, Zip Code: 22601
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/18/2014
Amount: 22.50
Transaction ID: c4c36e8e-00d8-4c3e-a
Date of Disbursement or Obligation: 11/18/2014
Name of Federal Candidate: Ms. Mary L Landriau
Office Sought: Senate, State: LA
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 30.30
(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: 12/04/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee American Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014
Mailing Address PO Box 619616 MD 5675		Amount 244.20
City DW Airport	State TX	Zip Code 75261
Purpose of Expenditure Travel	Category/Type 004	Transaction ID : e9b56cf7-f8cc-4a91-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Name of Federal Candidate Mr. Greg Orman	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Orbitz		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014
Mailing Address 500 W Madison 1000		Amount 544.70
City Chicago	State IL	Zip Code 60661
Purpose of Expenditure Travel	Category/Type 004	Transaction ID : e9b56cf7-f8cc-4a91-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Name of Federal Candidate Mr. Greg Orman	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	788.90
(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 MM / DD / YYYY
12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Zachary Vidrine	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 11 / 18 / 2014 </div>						
Mailing Address 202 Rue Des Cajun	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 70.00 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Ville Platte</td> <td>LA</td> <td>70586</td> </tr> </table>	City	State	Zip Code	Ville Platte	LA	70586	Transaction ID : de0b5c75-6659-457a-8 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 11 / 18 / 2014 </div>
City	State	Zip Code					
Ville Platte	LA	70586					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>						
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 505646.06 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee Zachary Vidrine	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 11 / 18 / 2014 </div>						
Mailing Address 202 Rue Des Cajun	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 18.90 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Ville Platte</td> <td>LA</td> <td>70586</td> </tr> </table>	City	State	Zip Code	Ville Platte	LA	70586	Transaction ID : bfed14a7-9a28-4668-b Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 11 / 18 / 2014 </div>
City	State	Zip Code					
Ville Platte	LA	70586					
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>						
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 505646.06 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 88.90 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

 Signature

[Electronically Filed] Date

M M / D D / Y Y Y Y
 12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Lilly Green
Mailing Address 205 Medallion Circle
City Shreveport State LA Zip Code 71119
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 11/19/2014
Amount 40.00
Transaction ID : 6df38875-9e93-462e-9
Date of Disbursement or Obligation 11/19/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: General 2014

Full Name of Payee Lilly Green
Mailing Address 205 Medallion Circle
City Shreveport State LA Zip Code 71119
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 11/19/2014
Amount 50.10
Transaction ID : e430e533-4c15-402b-8
Date of Disbursement or Obligation 11/19/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: General 2014

(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 12/04/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Laura U Logie
Mailing Address
2565 Shire Circle
City
Harrisonburg State
VA Zip Code
22801
Date of Public Distribution/Dissemination
11 / 19 / 2014
Amount
20.00
Transaction ID : bdada3ea-3990-4889-a
Date of Disbursement or Obligation
11 / 19 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
505646.06
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Carla K Pilgreen
Mailing Address
212 Stonecliff Dr
City
West Monro State
LA Zip Code
71291
Date of Public Distribution/Dissemination
11 / 19 / 2014
Amount
35.00
Transaction ID : 729b1b0a-bf63-4205-8
Date of Disbursement or Obligation
11 / 19 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
505646.06
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 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Jenny N Brown
Mailing Address: 1270 Lovelady Rd
City: West Monroe, State: LA, Zip Code: 71292
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/19/2014
Amount: 40.00
Transaction ID: b383f66c-b0d7-4483-8
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 505646.06
Disbursement For: [] Primary, [X] General, 2014

Full Name of Payee: Jenny N Brown
Mailing Address: 1270 Lovelady Rd
City: West Monroe, State: LA, Zip Code: 71292
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/19/2014
Amount: 7.50
Transaction ID: 0edf8571-c04c-496f-a
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 505646.06
Disbursement For: [] Primary, [X] General, 2014

(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: Ms. Emily Buchanan [Electronically Filed] Date: 12/04/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Maegan E McDaniel		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014
Mailing Address 3009 Skelly St		Amount 10.00
City Shreveport	State LA	Zip Code 71107
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Maegan E McDaniel		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014
Mailing Address 3009 Skelly St		Amount 3.90
City Shreveport	State LA	Zip Code 71107
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	13.90
(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 MM / DD / YYYY
12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Susan K Hamby
Mailing Address: 202 Violet St
City: West Monroe, State: LA, Zip Code: 71292
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/19/2014
Amount: 20.00
Transaction ID: dd54fe30-5945-46c6-a
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] President, [X] Senate, District: 00, State: LA
Disbursement For: [] Primary, [X] General, [] Other (specify)

Full Name of Payee: Susan K Hamby
Mailing Address: 202 Violet St
City: West Monroe, State: LA, Zip Code: 71292
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/19/2014
Amount: 0.45
Transaction ID: 9fbcea36-8908-4f1f-8
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] President, [X] Senate, District: 00, State: LA
Disbursement For: [] Primary, [X] General, [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 20.45
(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.

Ms. Emily Buchanan
[Electronically Filed]
Date: 12/04/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Jeanne Tribou
Mailing Address: 22369 Ponderosa Dr.
City: Mandeville, State: LA, Zip Code: 70471
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/19/2014
Amount: 40.00
Transaction ID: b2b57eb9-962f-400d-8
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 505646.06

Full Name of Payee: Jeanne Tribou
Mailing Address: 22369 Ponderosa Dr.
City: Mandeville, State: LA, Zip Code: 70471
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/19/2014
Amount: 5.70
Transaction ID: 123d9114-d263-446e-b
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 505646.06

(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.
Ms. Emily Buchanan [Electronically Filed] Date 12/04/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> 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 M M / D D / Y Y Y Y Y Y 11 / 19 / 2014
Mailing Address Split Oak Drive	Amount 81.50
City charlotte State NC Zip Code 28227	Transaction ID : 98afe913-8017-4ba1-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 19 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Amanda Boley	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 19 / 2014
Mailing Address Split Oak Drive	Amount 23.61
City charlotte State NC Zip Code 28227	Transaction ID : 1fb7e4ab-76f9-4156-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 19 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	105.11
(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 M M / D D / Y Y Y Y Y Y
12 / 04 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Gregory Green
Mailing Address: 2506 Bolch Street
City: Shreveport, State: LA, Zip Code: 71104
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/19/2014
Amount: 40.00
Transaction ID: e84da8b8-8e90-4054-9
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] President, [X] Senate, District: 00, State: LA
Disbursement For: [] Primary, [X] General, [] Other (specify)

Full Name of Payee: Gregory Green
Mailing Address: 2506 Bolch Street
City: Shreveport, State: LA, Zip Code: 71104
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/19/2014
Amount: 17.10
Transaction ID: 18789041-d721-439e-8
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] President, [X] Senate, District: 00, State: LA
Disbursement For: [] Primary, [X] 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.
Ms. Emily Buchanan [Electronically Filed] Date 12/04/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Beau Autin
Mailing Address: 345 Auroura Ave
City: Metairie, State: LA, Zip Code: 70006
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/19/2014
Amount: 35.00
Transaction ID: b007ffe1-6fd9-41b2-9
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 505646.06

Full Name of Payee: Beau Autin
Mailing Address: 345 Auroura Ave
City: Metairie, State: LA, Zip Code: 70006
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/19/2014
Amount: 1.11
Transaction ID: 40c361d0-4d19-4ab3-b
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 505646.06

(a) SUBTOTAL of Itemized Independent Expenditures: 36.11
(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 12/04/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Alice K Salazar	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 19 / 2014
Mailing Address 605 W Houston St	Amount 80.00
City State Zip Code Marshall TX 75633	
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Transaction ID : c59f4a75-641c-4bdb-9

Date of Disbursement or Obligation

Full Name of Payee Alice K Salazar	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 19 / 2014
Mailing Address 605 W Houston St	Amount 50.40
City State Zip Code Marshall TX 75633	
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Transaction ID : 562be618-689d-4235-8

Date of Disbursement or Obligation

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	130.40
(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

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount 80.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : b9b51457-7230-46b3-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 505646.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount 7.50	
City Shreveport	State LA	Zip Code 71101	Transaction ID : a8885d64-6917-455d-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 505646.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> 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 **12 / 04 / 2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014
Mailing Address 9685 Paula St		Amount 100.00
City Keithville	State LA	Zip Code 71047
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : c38de1d4-a481-44c5-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014
Mailing Address 9685 Paula St		Amount 26.10
City Keithville	State LA	Zip Code 71047
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : aa138cf9-bce1-4de9-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	126.10
(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 **12 / 04 / 2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Ana L Esquivel		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014	
Mailing Address 284 Cr 1401		Amount 60.00	
City Carthage	State TX	Zip Code 75633	Transaction ID : d1439af9-3af3-42f9-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 505646.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Hilary Townsend		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014	
Mailing Address 4506 US Hwy 79 North		Amount 60.00	
City Deberry	State TX	Zip Code 75639	Transaction ID : 9d9b85e3-ce40-4a54-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 505646.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> 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

Signature _____ Date **12 / 04 / 2014**

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Taylor De Julian-Hernandez

Date of Public Distribution/Dissemination
11 / 19 / 2014

Mailing Address
284 Cr 1401

Amount
60.00
Transaction ID : 73ed2f8f-747f-40be-8

City State Zip Code
Carthage TX 75633

Date of Disbursement or Obligation
11 / 19 / 2014

Purpose of Expenditure Category/Type
Salary 001

Name of Federal Candidate
Ms. Mary L Landriau
Support Oppose

Office Sought: House Senate
District: 00 State: LA

Calendar Year-To-Date Per Election for Office Sought
505646.06

Disbursement For: Primary General
2014

Full Name of Payee
Taylor De Julian-Hernandez

Date of Public Distribution/Dissemination
11 / 19 / 2014

Mailing Address
284 Cr 1401

Amount
43.80
Transaction ID : 878cf3ab-883f-4c63-9

City State Zip Code
Carthage TX 75633

Date of Disbursement or Obligation
11 / 19 / 2014

Purpose of Expenditure Category/Type
Mileage 002

Name of Federal Candidate
Ms. Mary L Landriau
Support Oppose

Office Sought: House Senate
District: 00 State: LA

Calendar Year-To-Date Per Election for Office Sought
505646.06

Disbursement For: Primary General
2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 103.80

(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
Signature

[Electronically Filed]

Date 12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 9425 Jessica Drive		Amount 47.50	
City Shreveport	State LA	Zip Code 71106	Transaction ID : d5c66a2f-f1c2-45ec-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 9425 Jessica Drive		Amount 9.60	
City Shreveport	State LA	Zip Code 71106	Transaction ID : b972a626-18f1-41b6-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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.

Ms. Emily Buchanan
 Signature _____ [Electronically Filed]

Date **12 / 04 / 2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Christopher L Gilbert	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014
Mailing Address 55 Lovell Johnson Rd	Amount 44.40
City Picayune	State MS
Zip Code 39466	Transaction ID : e0935820-8366-4d6c-b
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Felicia A Jones	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014
Mailing Address 4106 Martha St	Amount 80.00
City Shreveport	State LA
Zip Code 71109	Transaction ID : f122f11c-b704-475c-b
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	124.40
(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

Signature _____ [Electronically Filed] Date MM / DD / YYYY
12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014
Mailing Address 924 N. Prieur St		Amount 15.00
City New Orleans	State LA	Zip Code 70116
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 838f5939-0487-43ba-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014
Mailing Address 8822 Apple St		Amount 60.00
City New Orleans	State LA	Zip Code 70188
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : bd0b2b5f-4866-496c-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> 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.

Ms. Emily Buchanan

Signature _____ [Electronically Filed] Date **12 / 04 / 2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Zachary Vidrine	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 19 / 2014
Mailing Address 202 Rue Des Cajun	Amount 30.00
City Ville Platte State LA Zip Code 70586	Transaction ID : 6c8f7265-1930-4a4c-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 19 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Zachary Vidrine	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 19 / 2014
Mailing Address 202 Rue Des Cajun	Amount 17.10
City Ville Platte State LA Zip Code 70586	Transaction ID : 5a30d74a-e00e-4ccd-b Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 19 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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.

Ms. Emily Buchanan [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 04 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Joshua J Huffman
Date of Public Distribution/Dissemination
11 / 19 / 2014
Mailing Address
211 Dixie Ave
Amount
55.00
City
Harrisonburg VA 22801
Transaction ID : 3c275085-f806-47ba-b
Purpose of Expenditure
Salary Category/Type 001
Date of Disbursement or Obligation
11 / 19 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought
505646.06
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Stephanie L Heun
Date of Public Distribution/Dissemination
11 / 19 / 2014
Mailing Address
8026 S Wilwood Dr Apt 101
Amount
10.00
City
Oak Creek WI 53154
Transaction ID : 56d7167a-463d-46ca-9
Purpose of Expenditure
Salary Category/Type 001
Date of Disbursement or Obligation
11 / 19 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought
505646.06
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 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Hannah J Landry	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014
Mailing Address 1110 N Coolidge	Amount 70.00
City Gonzales State LA Zip Code 70737	Transaction ID : a157c676-151e-4250-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Hannah J Landry	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014
Mailing Address 1110 N Coolidge	Amount 21.09
City Gonzales State LA Zip Code 70737	Transaction ID : 5de2c40e-3e08-4a77-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	91.09
(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.

Ms. Emily Buchanan [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Mary C Lee
Mailing Address
1030 N Coolidge Ave
City
Gonzales State
LA Zip Code
70737
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
505646.06

Date of Public Distribution/Dissemination
11 / 19 / 2014
Amount
70.00
Transaction ID : c6f4cf20-6e4f-4ccd-8
Date of Disbursement or Obligation
11 / 19 / 2014
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Mary C Lee
Mailing Address
1030 N Coolidge Ave
City
Gonzales State
LA Zip Code
70737
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
505646.06

Date of Public Distribution/Dissemination
11 / 19 / 2014
Amount
21.09
Transaction ID : c170c421-928e-40d4-b
Date of Disbursement or Obligation
11 / 19 / 2014
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 91.09
(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.

Ms. Emily Buchanan
[Electronically Filed]
Date 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 1103 West Wilson Street		Amount 22.20	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : e6aa84f9-1aaa-496b-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 505646.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014	
Mailing Address 6718 Lake Willow Dr		Amount 80.00	
City New Orleans	State LA	Zip Code 70126	Transaction ID : 6b4f4f6e-b73e-411d-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 505646.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	102.20
(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 **12 / 04 / 2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014
Mailing Address 100 ASBURY CT		Amount 70.00
City WINCHESTER	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 12941d59-e7bd-4e08-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014
Mailing Address 100 Asbury Ct		Amount 70.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 6c4cd450-f739-44c6-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> 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 **12 / 04 / 2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Rodney O Culbreath	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014
Mailing Address 100 Asbury Ct	Amount 70.00
City Winchester	State VA
Zip Code 22602	Transaction ID : 3e7df017-a353-4192-9
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Rze Culbreath	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 19 / 2014
Mailing Address 100 Asbury Ct	Amount 70.00
City Winchester	State VA
Zip Code 22602	Transaction ID : 25a14d1c-b02a-4766-9
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY 11 / 19 / 2014
Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> 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 **12 / 04 / 2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Cathy Longtin	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014
Mailing Address 827 Navavre Ave	Amount 85.00
City New Orleans State LA Zip Code 70124	Transaction ID : 1417964c-0938-4c11-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Cathy Longtin	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014
Mailing Address 827 Navavre Ave	Amount 9.90
City New Orleans State LA Zip Code 70124	Transaction ID : 46e311dc-edbd-4c75-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	94.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Ms. Emily Buchanan [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Colton R Overcash
Mailing Address: 121 Ohara Dr
City: Salisbury, State: NC, Zip Code: 28147
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/19/2014
Amount: 94.00
Transaction ID: 0b269fbb-958e-4023-b
Date of Disbursement or Obligation: 11/19/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 505646.06

Full Name of Payee: Colton R Overcash
Mailing Address: 121 Ohara Dr
City: Salisbury, State: NC, Zip Code: 28147
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/19/2014
Amount: 61.80
Transaction ID: 89c861db-63b3-455a-b
Date of Disbursement or Obligation: 11/19/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 505646.06

(a) SUBTOTAL of Itemized Independent Expenditures: 155.80
(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: 12/04/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Elvis Spears
Mailing Address
2150 Hope St
City
New Orleans State
LA Zip Code
70119
Date of Public Distribution/Dissemination
11 / 19 / 2014
Amount
80.00
Transaction ID : 39c7a6fd-ad8b-49d7-b
Date of Disbursement or Obligation
11 / 19 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
505646.06
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Elvis Spears
Mailing Address
2150 Hope St
City
New Orleans State
LA Zip Code
70119
Date of Public Distribution/Dissemination
11 / 19 / 2014
Amount
6.30
Transaction ID : 3dbfd972-035c-4673-8
Date of Disbursement or Obligation
11 / 19 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
505646.06
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 86.30
(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 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Hannah J Landry
Mailing Address 1110 N Coolidge
City Gonzales State LA Zip Code 70737
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 11/20/2014
Amount 40.00
Transaction ID : 84606fcd-ab90-4e6c-b
Date of Disbursement or Obligation 11/20/2014
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Hannah J Landry
Mailing Address 1110 N Coolidge
City Gonzales State LA Zip Code 70737
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 11/20/2014
Amount 6.33
Transaction ID : 6fa7adba-51c1-4775-b
Date of Disbursement or Obligation 11/20/2014
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 46.33
(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 12/04/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Mary C Lee
Mailing Address: 1030 N Coolidge Ave
City: Gonzales, State: LA, Zip Code: 70737
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/20/2014
Amount: 40.00
Transaction ID: 8d6c0bce-3aa8-4c5c-9
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 505646.06
Disbursement For: [] Primary, [X] General, 2014

Full Name of Payee: Mary C Lee
Mailing Address: 1030 N Coolidge Ave
City: Gonzales, State: LA, Zip Code: 70737
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/20/2014
Amount: 6.33
Transaction ID: dfcb67a3-3c6f-4460-8
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 505646.06
Disbursement For: [] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 46.33
(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.

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 12/04/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Theresa a Youngblood	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 20 / 2014 </div>						
Mailing Address 102 S Main Street Apt A2	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> M M / D D / Y Y Y Y Y Y 25.00 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Berryville</td> <td>VA</td> <td>22611</td> </tr> </table>	City	State	Zip Code	Berryville	VA	22611	Transaction ID : 7e4050c9-2f1e-4fc3-9 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 20 / 2014 </div>
City	State	Zip Code					
Berryville	VA	22611					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>						
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> M M / D D / Y Y Y Y Y Y 505646.06 </div>						
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____							

Full Name of Payee Lilly Green	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 20 / 2014 </div>						
Mailing Address 205 Medallion Circle	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> M M / D D / Y Y Y Y Y Y 40.00 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Shreveport</td> <td>LA</td> <td>71119</td> </tr> </table>	City	State	Zip Code	Shreveport	LA	71119	Transaction ID : 1088350f-0d14-4221-8 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 20 / 2014 </div>
City	State	Zip Code					
Shreveport	LA	71119					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>						
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> M M / D D / Y Y Y Y Y Y 505646.06 </div>						
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____							

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> M M / D D / Y Y Y Y Y Y 65.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> M M / D D / Y Y Y Y Y Y _____ </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> M M / D D / Y Y Y Y Y Y _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

 Signature

[Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
 12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Lilly Green	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014
Mailing Address 205 Medallion Circle	Amount 54.00
City Shreveport	State LA
Zip Code 71119	Transaction ID : 32589fa4-0f04-4e44-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 11 / 20 / 2014	Name of Federal Candidate Ms. Mary L Landrieu
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Stephanie L Heun	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014
Mailing Address 8026 S Wilwood Dr Apt 101	Amount 20.00
City Oak Creek	State WI
Zip Code 53154	Transaction ID : 1a29ee51-2d32-4c3a-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 11 / 20 / 2014	Name of Federal Candidate Ms. Mary L Landrieu
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	74.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Ms. Emily Buchanan

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Jenny N Brown
Mailing Address: 1270 Lovelady Rd
City: West Monroe, State: LA, Zip Code: 71292
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/20/2014
Amount: 40.00
Transaction ID: fbb1b6f3-b5eb-452b-8
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] President, [X] Senate, District: 00, State: LA
Disbursement For: [] Primary, [X] General, [] Other (specify)

Full Name of Payee: Jenny N Brown
Mailing Address: 1270 Lovelady Rd
City: West Monroe, State: LA, Zip Code: 71292
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/20/2014
Amount: 12.00
Transaction ID: b0be7ce7-2ed5-4a9f-8
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] President, [X] Senate, District: 00, State: LA
Disbursement For: [] Primary, [X] General, [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 52.00
(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: 12/04/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Tammy Williams
Mailing Address: 924 N. Prieur St
City: New Orleans, State: LA, Zip Code: 70116
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/20/2014
Amount: 80.00
Transaction ID: 29d8d5ab-03b0-4e76-9
Date of Disbursement or Obligation: 11/20/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 505646.06

Full Name of Payee: Tammy Williams
Mailing Address: 924 N. Prieur St
City: New Orleans, State: LA, Zip Code: 70116
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/20/2014
Amount: 15.00
Transaction ID: 9bde1731-db80-4c3c-9
Date of Disbursement or Obligation: 11/20/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 505646.06

(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: 12/04/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Heather A Smith
Mailing Address 995 Clairborne Rd
City Calhoun State LA Zip Code 71225
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 11/20/2014
Amount 10.00
Transaction ID : b8d29e25-01f0-40ab-a
Date of Disbursement or Obligation 11/20/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: General 2014

Full Name of Payee Gary W Fuhrmann
Mailing Address 9425 Jessica Drive
City Shreveport State LA Zip Code 71106
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 11/20/2014
Amount 52.50
Transaction ID : 4a9a39d0-46b7-48ac-8
Date of Disbursement or Obligation 11/20/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: General 2014

(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.

Ms. Emily Buchanan [Electronically Filed] Date 12/04/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Gary W Fuhrmann
Mailing Address: 9425 Jessica Drive
City: Shreveport, State: LA, Zip Code: 71106
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/20/2014
Amount: 8.40
Transaction ID: 03ba77f5-86fc-408b-a
Date of Disbursement or Obligation: 11/20/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General

Full Name of Payee: Eva M Johnston
Mailing Address: 2517 N 47th St
City: Milwaukee, State: WI, Zip Code: 53210
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/20/2014
Amount: 10.00
Transaction ID: e0dd9853-03b9-4876-b
Date of Disbursement or Obligation: 11/20/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General

(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.
Ms. Emily Buchanan
[Electronically Filed]
Date: 12/04/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Bobbie M Steinsholt	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 20 / 2014
Mailing Address 3009 Skelly St	Amount 40.00
City State Zip Code Shreveport LA 71107	
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Transaction ID : 50509e72-7a2d-4aca-8
Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y
11 / 20 / 2014

Full Name of Payee John K Necaie III	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 20 / 2014
Mailing Address 1905 Franklin Ave	Amount 40.00
City State Zip Code New Orleans LA 70117	
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Transaction ID : ce993370-26e3-478a-a
Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y
11 / 20 / 2014

(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
Signature

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: John K Necaize III
Mailing Address: 1905 Franklin Ave
City: New Orleans, State: LA, Zip Code: 70117
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/20/2014
Amount: 9.84
Transaction ID: 1709c7db-e7aa-4a39-b
Name of Federal Candidate: Ms. Mary L Landriau, Support: [], Oppose: [X]
Office Sought: [] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 505646.06
Disbursement For: [] Primary, [X] General, [] Other (specify)

Full Name of Payee: Janet Morris
Mailing Address: 620 Old Barbome Rd Lot 2
City: West Monroe, State: LA, Zip Code: 71291
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/20/2014
Amount: 12.50
Transaction ID: 88ad587e-6c99-4e85-9
Name of Federal Candidate: Ms. Mary L Landriau, Support: [], Oppose: [X]
Office Sought: [] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 505646.06
Disbursement For: [] Primary, [X] General, [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 22.34
(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]
Date: 12/04/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Janet Morris
Mailing Address 620 Old Barbome Rd Lot 2
City West Monroe State LA Zip Code 71291
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06
Disbursement For: Primary General 2014

Full Name of Payee Amanda Boley
Mailing Address Split Oak Drive
City charlotte State NC Zip Code 28227
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06
Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 85.22
(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] Date 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Amanda Boley
Mailing Address
Split Oak Drive
City
charlotte State
NC Zip Code
28227
Purpose of Expenditure
Mileage Category/
Type 002

Date of Public Distribution/Dissemination
11 / 20 / 2014
Amount
23.19
Transaction ID : 0792fbe2-bb67-43cb-9
Date of Disbursement or Obligation
11 / 20 / 2014

Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Office Sought:
House Senate State: LA

Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Heather Ainsworth
Mailing Address
9685 Paula St
City
Keithville State
LA Zip Code
71047
Purpose of Expenditure
Salary Category/
Type 001

Date of Public Distribution/Dissemination
11 / 20 / 2014
Amount
90.00
Transaction ID : 2446e9da-58c7-489f-8
Date of Disbursement or Obligation
11 / 20 / 2014

Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Office Sought:
House Senate State: LA

Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 113.19
(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.

Ms. Emily Buchanan
[Electronically Filed]
Date 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Heather Ainsworth
Mailing Address
9685 Paula St
City
Keithville State
LA Zip Code
71047
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
505646.06

Date of Public Distribution/Dissemination
11 / 20 / 2014
Amount
22.80
Transaction ID : 44f67fbd-999a-48be-b
Date of Disbursement or Obligation
11 / 20 / 2014
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
ERIC TABARY
Mailing Address
6101 NORA ST
City
METAIRIE State
LA Zip Code
70003
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
505646.06

Date of Public Distribution/Dissemination
11 / 20 / 2014
Amount
65.00
Transaction ID : acd447ea-0dbb-4f54-8
Date of Disbursement or Obligation
11 / 20 / 2014
Office Sought: House District: 00
President Senate State: LA
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.

Ms. Emily Buchanan
[Electronically Filed]
Date 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
ERIC TABARY
Mailing Address
6101 NORA ST
City
METAIRIE State
LA Zip Code
70003
Date of Public Distribution/Dissemination
11 / 20 / 2014
Amount
2.40
Transaction ID : 93128bb2-33d6-4b39-9
Date of Disbursement or Obligation
11 / 20 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
505646.06
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Gregory Green
Mailing Address
2506 Bolch Street
City
Shreveport State
LA Zip Code
71104
Date of Public Distribution/Dissemination
11 / 20 / 2014
Amount
40.00
Transaction ID : 016d4ee8-53c6-4395-9
Date of Disbursement or Obligation
11 / 20 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
505646.06
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 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Gregory Green	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014
Mailing Address 2506 Bolch Street	Amount 55.20
City Shreveport State LA Zip Code 71104	Transaction ID : 2ee8471b-799d-46ed-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: LA <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> 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 11 / 20 / 2014
Mailing Address 2565 Shire Circle	Amount 35.00
City Harrisonburg State VA Zip Code 22801	Transaction ID : 2704fdd1-823f-4d3b-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: LA <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	90.20
(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
12 / 04 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Felicia A Jones
Mailing Address 4106 Martha St
City Shreveport State LA Zip Code 71109
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 11/20/2014
Amount 80.00
Transaction ID : f7ea4a6c-9cbe-427e-a
Date of Disbursement or Obligation 11/20/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: General 2014

Full Name of Payee Felicia A Jones
Mailing Address 4106 Martha St
City Shreveport State LA Zip Code 71109
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 11/20/2014
Amount 9.60
Transaction ID : 44c10542-bab4-48a6-8
Date of Disbursement or Obligation 11/20/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: General 2014

(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 12/04/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Beau Autin
Mailing Address: 345 Auroura Ave
City: Metairie, State: LA, Zip Code: 70006
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/20/2014
Amount: 45.00
Transaction ID: f51acbb8-beaf-4b05-8
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 505646.06

Full Name of Payee: Beau Autin
Mailing Address: 345 Auroura Ave
City: Metairie, State: LA, Zip Code: 70006
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/20/2014
Amount: 1.71
Transaction ID: 13e33188-076d-40b9-9
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 505646.06

(a) SUBTOTAL of Itemized Independent Expenditures: 46.71
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of 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 12/04/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Evelyn Lesaicherre
Mailing Address
629 Radiance Ave
City
Metairie State
LA Zip Code
70001
Date of Public Distribution/Dissemination
11 / 17 / 2014
Amount
3.60
Transaction ID : 429e1cbe-9c7c-436b-8
Date of Disbursement or Obligation
11 / 17 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
505646.06
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
ERIC TABARY
Mailing Address
6101 NORA ST
City
METAIRIE State
LA Zip Code
70003
Date of Public Distribution/Dissemination
11 / 17 / 2014
Amount
70.00
Transaction ID : 493b48af-8740-4563-a
Date of Disbursement or Obligation
11 / 17 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
505646.06
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 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
ERIC TABARY
Mailing Address
6101 NORA ST
City
METAIRIE State
LA Zip Code
70003
Date of Public Distribution/Dissemination
11 / 17 / 2014
Amount
1.50
Transaction ID : a2c10a53-e38c-456f-b
Date of Disbursement or Obligation
11 / 17 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
505646.06
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Julia Perry
Mailing Address
2046 Perrin St Apt C
City
Shreveport State
LA Zip Code
71101
Date of Public Distribution/Dissemination
11 / 20 / 2014
Amount
80.00
Transaction ID : 83c887ee-78e0-471a-b
Date of Disbursement or Obligation
11 / 20 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
505646.06
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] Date 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Christopher L Gilbert
Mailing Address
55 Lovell Johnson Rd
City
Picayune State
MS Zip Code
39466
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
505646.06

Date of Public Distribution/Dissemination
11 / 20 / 2014
Amount
42.60
Transaction ID : 4a6dfdd6-cbe0-4bc8-8
Date of Disbursement or Obligation
11 / 20 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Elvis Spears
Mailing Address
2150 Hope St
City
New Orleans State
LA Zip Code
70119
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
505646.06

Date of Public Distribution/Dissemination
11 / 20 / 2014
Amount
80.00
Transaction ID : 7484d660-8254-47e9-b
Date of Disbursement or Obligation
11 / 20 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 122.60
(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 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Elvis Spears
Mailing Address
2150 Hope St
City
New Orleans State
LA Zip Code
70119
Date of Public Distribution/Dissemination
11 / 20 / 2014
Amount
9.60
Transaction ID : a2752ca0-3f34-4e66-8
Purpose of Expenditure
Mileage Category/Type
002
Date of Disbursement or Obligation
11 / 20 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
505646.06
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Alice K Salazar
Mailing Address
605 W Houston St
City
Marshall State
TX Zip Code
75633
Date of Public Distribution/Dissemination
11 / 20 / 2014
Amount
90.00
Transaction ID : 6d346d4b-d596-4434-b
Purpose of Expenditure
Salary Category/Type
001
Date of Disbursement or Obligation
11 / 20 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
505646.06
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 99.60
(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 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Alice K Salazar
Mailing Address: 605 W Houston St
City: Marshall, State: TX, Zip Code: 75633
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/20/2014
Amount: 51.60
Transaction ID: df425a9f-8469-4a5b-8
Date of Disbursement or Obligation: 11/20/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General 2014

Full Name of Payee: Ana L Esquivel
Mailing Address: 284 Cr 1401
City: Carthage, State: TX, Zip Code: 75633
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/20/2014
Amount: 100.00
Transaction ID: 4e8cb6eb-0bc1-4abb-b
Date of Disbursement or Obligation: 11/20/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 151.60
(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 12/04/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Sheri J Peace
Mailing Address: 9685 Paula St
City: Keithville, State: LA, Zip Code: 71047
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/20/2014
Amount: 50.40
Transaction ID: 667ed2c1-1e9d-4294-b
Date of Disbursement or Obligation: 11/20/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General

Full Name of Payee: Christopher Marquess
Mailing Address: 110 W Pecan St
City: Ville Platte, State: LA, Zip Code: 70586
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/20/2014
Amount: 50.00
Transaction ID: 56cc5a69-2a11-409f-8
Date of Disbursement or Obligation: 11/20/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 100.40
(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: 12/04/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> 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 11 / 20 / 2014
Mailing Address 110 W Pecan St	Amount 36.00
City Ville Platte State LA Zip Code 70586	Transaction ID : ccaf0ad5-b6a3-42b3-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Philip Elkins	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014
Mailing Address 227 Lincoln Dr	Amount 40.00
City Bossier City State LA Zip Code 71111	Transaction ID : 8137d947-be35-4dfe-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> 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 M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Philip Elkins
Mailing Address
227 Lincoln Dr
City
Bossier City State
LA Zip Code
71111
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
505646.06

Date of Public Distribution/Dissemination
11 / 20 / 2014
Amount
7.53
Transaction ID : a1629bef-8396-4579-a
Date of Disbursement or Obligation
11 / 20 / 2014
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Francesca Blom
Mailing Address
101 Asbury Ct
City
Winchester State
VA Zip Code
22602
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
505646.06

Date of Public Distribution/Dissemination
11 / 20 / 2014
Amount
95.00
Transaction ID : 9d35985c-d858-43a0-a
Date of Disbursement or Obligation
11 / 20 / 2014
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 102.53
(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 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Darius Beverly	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014
Mailing Address 157 Bishop Drive	Amount 55.00
City Avondale	State LA
Zip Code 70094	Transaction ID : 611618ae-9714-4df2-8
Purpose of Expenditure Salary	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014
Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Ms. Dinah Beverly	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014
Mailing Address 157 Bishop Drive	Amount 55.00
City Avondale	State LA
Zip Code 70064	Transaction ID : d05aa67d-94c6-4487-9
Purpose of Expenditure Salary	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2014
Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> 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

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 20 / 2014
Mailing Address 6718 Lake Willow Dr		Amount 14.10
City New Orleans	State LA	Zip Code 70126
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : d28ebd69-a2fa-4263-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 20 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Cynthia J Christmas		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 20 / 2014
Mailing Address 1731 Frenchmen St		Amount 60.00
City New Orleans	State LA	Zip Code 70116
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : a0f7ea54-1153-47eb-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 20 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	74.10
(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 MM / DD / YYYY
12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Cynthia J Christmas
Mailing Address
1731 Frenchmen St
City
New Orleans State
LA Zip Code
70116
Purpose of Expenditure
Mileage Category/
Type 002

Date of Public Distribution/Dissemination
11 / 20 / 2014
Amount
9.00
Transaction ID : 7ecb0e49-6f5f-45d1-9
Date of Disbursement or Obligation
11 / 20 / 2014

Name of Federal Candidate
Ms. Mary L Landrieu
Support
Oppose
Office Sought:
House
Senate
District: 00
State: LA

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Joshua J Huffman
Mailing Address
211 Dixie Ave
City
Harrisonburg State
VA Zip Code
22801
Purpose of Expenditure
Salary Category/
Type 001

Date of Public Distribution/Dissemination
11 / 20 / 2014
Amount
67.50
Transaction ID : 76902696-e37f-466b-9
Date of Disbursement or Obligation
11 / 20 / 2014

Name of Federal Candidate
Ms. Mary L Landrieu
Support
Oppose
Office Sought:
House
Senate
District: 00
State: LA

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.

Ms. Emily Buchanan
[Electronically Filed]
Date 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Colton R Overcash	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 20 / 2014
Mailing Address 121 Ohara Dr	Amount 94.00
City Salisbury State NC Zip Code 28147	Transaction ID : 8142c977-b831-4e6b-b
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY 11 / 20 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	Category/Type 001
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Colton R Overcash	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 20 / 2014
Mailing Address 121 Ohara Dr	Amount 68.40
City Salisbury State NC Zip Code 28147	Transaction ID : 968964d3-0b6c-4f4d-8
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY 11 / 20 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	Category/Type 002
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	162.40
(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 **12 / 04 / 2014**

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Amanda Boley
Mailing Address
Split Oak Drive
City
charlotte State
NC Zip Code
28227
Date of Public Distribution/Dissemination
11 / 21 / 2014
Amount
18.00
Transaction ID : 7d6b61f4-6f97-4ac3-a
Date of Disbursement or Obligation
11 / 21 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
505646.06
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Virginia T Grant
Mailing Address
134 Shore Crest Circle
City
Carriere State
MS Zip Code
39426
Date of Public Distribution/Dissemination
11 / 21 / 2014
Amount
40.00
Transaction ID : 9b90fa3b-44e9-4ac2-9
Date of Disbursement or Obligation
11 / 21 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
505646.06
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 58.00
(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 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Tammy Williams
Mailing Address: 924 N. Prieur St
City: New Orleans, State: LA, Zip Code: 70116
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/21/2014
Amount: 18.00
Transaction ID: dd4ff20c-5633-4138-b
Date of Disbursement or Obligation: 11/21/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 505646.06

Full Name of Payee: Beau Autin
Mailing Address: 345 Auroura Ave
City: Metairie, State: LA, Zip Code: 70006
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/21/2014
Amount: 40.00
Transaction ID: 87c1c563-a0db-41bf-8
Date of Disbursement or Obligation: 11/21/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 505646.06

(a) SUBTOTAL of Itemized Independent Expenditures: 58.00
(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: 12/04/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Ms. Dinah Beverly	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 21 / 2014
Mailing Address 157 Bishop Drive	Amount 60.00
City Avondale	State LA
Zip Code 70064	Transaction ID : 27a1b4c2-bc79-4632-b
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY 11 / 21 / 2014
Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
505646.06	

Full Name of Payee Ms. Dinah Beverly	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 21 / 2014
Mailing Address 157 Bishop Drive	Amount 7.50
City Avondale	State LA
Zip Code 70064	Transaction ID : 2779f2eb-1558-4a49-8
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY 11 / 21 / 2014
Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
505646.06	

(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.

Ms. Emily Buchanan

Signature _____ [Electronically Filed] Date **12 / 04 / 2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Hilary Townsend
Mailing Address
4506 US Hwy 79 North
City
Deberry State
TX Zip Code
75639
Date of Public Distribution/Dissemination
11 / 21 / 2014
Amount
100.00
Transaction ID : a3cc42e4-f88a-4988-b
Date of Disbursement or Obligation
11 / 21 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State: LA
Disbursement For:
General 2014

Full Name of Payee
Taylor De Julian-Hernandez
Mailing Address
284 Cr 1401
City
Carthage State
TX Zip Code
75633
Date of Public Distribution/Dissemination
11 / 21 / 2014
Amount
100.00
Transaction ID : 38d7b3b3-4e39-4bd0-8
Date of Disbursement or Obligation
11 / 21 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State: LA
Disbursement For:
General 2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 200.00
(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 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Taylor De Julian-Hernandez	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 21 / 2014
Mailing Address 284 Cr 1401	Amount 52.80
City Carthage State TX Zip Code 75633	Transaction ID : 9d19ac0b-7405-4606-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 21 / 2014
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Elvis Spears	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 21 / 2014
Mailing Address 2150 Hope St	Amount 35.00
City New Orleans State LA Zip Code 70119	Transaction ID : c7843c80-c483-470b-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 21 / 2014
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> 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.

Ms. Emily Buchanan

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Elvis Spears
Mailing Address
2150 Hope St
City
New Orleans State
LA Zip Code
70119
Date of Public Distribution/Dissemination
11 / 21 / 2014
Amount
10.50
Transaction ID : dc2ce21b-8ada-482d-a
Date of Disbursement or Obligation
11 / 21 / 2014
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose Office Sought:
House Senate State:
LA
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Francesca Blom
Mailing Address
101 Asbury Ct
City
Winchester State
VA Zip Code
22602
Date of Public Distribution/Dissemination
11 / 21 / 2014
Amount
70.00
Transaction ID : fb0b57c4-5fef-4825-9
Date of Disbursement or Obligation
11 / 21 / 2014
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose Office Sought:
House Senate State:
LA
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 80.50
(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 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Cynthia N Schmit
Mailing Address
2226 Taft Circle Apt 1
City
Winchester State
VA Zip Code
22601
Date of Public Distribution/Dissemination
11 / 21 / 2014
Amount
10.00
Transaction ID : 03069ee8-54e1-4dfe-9
Date of Disbursement or Obligation
11 / 21 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
505646.06
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
ERIC TABARY
Mailing Address
6101 NORA ST
City
METAIRIE State
LA Zip Code
70003
Date of Public Distribution/Dissemination
11 / 21 / 2014
Amount
65.00
Transaction ID : 70cb20ca-ded1-49fd-9
Date of Disbursement or Obligation
11 / 21 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
505646.06
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.
Ms. Emily Buchanan [Electronically Filed] Date 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> 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 11 / 21 / 2014
Mailing Address 6101 NORA ST	Amount 2.10
City State Zip Code METAIRIE LA 70003	
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Transaction ID : 383b3bc7-07f5-4d27-8

Full Name of Payee Christopher L Gilbert	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014
Mailing Address 55 Lovell Johnson Rd	Amount 80.00
City State Zip Code Picayune MS 39466	
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Transaction ID : c2e4caf3-47d6-4eec-9

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	82.10
(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
12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Christopher L Gilbert	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 21 / 2014 </div>						
Mailing Address 55 Lovell Johnson Rd	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> M M / D D / Y Y Y Y Y Y 47.10 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Picayune</td> <td>MS</td> <td>39466</td> </tr> </table>	City	State	Zip Code	Picayune	MS	39466	Transaction ID : 868bf7db-3494-43b9-a Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 21 / 2014 </div>
City	State	Zip Code					
Picayune	MS	39466					
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>						
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> M M / D D / Y Y Y Y Y Y 505646.06 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee Eva M Johnston	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 21 / 2014 </div>						
Mailing Address 2517 N 47th St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> M M / D D / Y Y Y Y Y Y 35.00 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Milwaukee</td> <td>WI</td> <td>53210</td> </tr> </table>	City	State	Zip Code	Milwaukee	WI	53210	Transaction ID : 11f69b46-fabf-4122-b Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 21 / 2014 </div>
City	State	Zip Code					
Milwaukee	WI	53210					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>						
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> M M / D D / Y Y Y Y Y Y 505646.06 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> M M / D D / Y Y Y Y Y Y 82.10 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> M M / D D / Y Y Y Y Y Y _____ </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> M M / D D / Y Y Y Y Y Y _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

 Signature

[Electronically Filed] Date

M M / D D / Y Y Y Y Y Y
 12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Evelyn Lesaicherre
Mailing Address
629 Radiance Ave
City
Metairie State
LA Zip Code
70001
Date of Public Distribution/Dissemination
11 / 21 / 2014
Amount
80.00
Transaction ID : d8d1f398-d711-4405-a
Date of Disbursement or Obligation
11 / 21 / 2014
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose Office Sought:
House Senate State:
LA
Calendar Year-To-Date
Per Election for Office Sought
505646.06
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Evelyn Lesaicherre
Mailing Address
629 Radiance Ave
City
Metairie State
LA Zip Code
70001
Date of Public Distribution/Dissemination
11 / 21 / 2014
Amount
3.90
Transaction ID : f88c310b-67fd-45f3-a
Date of Disbursement or Obligation
11 / 21 / 2014
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose Office Sought:
House Senate State:
LA
Calendar Year-To-Date
Per Election for Office Sought
505646.06
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 83.90
(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 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Jeanne Tribou
Mailing Address: 22369 Ponderosa Dr.
City: Mandeville, State: LA, Zip Code: 70471
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/21/2014
Amount: 65.00
Transaction ID: daee2203-18dc-4b6e-8
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 505646.06
Disbursement For: [] Primary, [X] General, 2014

Full Name of Payee: Jeanne Tribou
Mailing Address: 22369 Ponderosa Dr.
City: Mandeville, State: LA, Zip Code: 70471
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/21/2014
Amount: 7.80
Transaction ID: b720dae9-f3c1-49f0-b
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 505646.06
Disbursement For: [] Primary, [X] General, 2014

(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 12/04/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Donna S Wilson	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 21 / 2014 </div>						
Mailing Address 4456 Country Hill Dr	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 10.00 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Baton Rouge</td> <td>LA</td> <td>70816</td> </tr> </table>	City	State	Zip Code	Baton Rouge	LA	70816	Transaction ID : 74e49b46-2695-414c-a Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 21 / 2014 </div>
City	State	Zip Code					
Baton Rouge	LA	70816					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> 001 </div>						
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 505646.06 </div>						
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____							

Full Name of Payee Donna S Wilson	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 21 / 2014 </div>						
Mailing Address 4456 Country Hill Dr	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 6.00 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Baton Rouge</td> <td>LA</td> <td>70816</td> </tr> </table>	City	State	Zip Code	Baton Rouge	LA	70816	Transaction ID : eb718c91-31f7-4639-a Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 21 / 2014 </div>
City	State	Zip Code					
Baton Rouge	LA	70816					
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> 002 </div>						
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 505646.06 </div>						
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____							

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 16.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

 Signature

[Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Colton R Overcash
Mailing Address: 121 Ohara Dr
City: Salisbury, State: NC, Zip Code: 28147
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/21/2014
Amount: 100.00
Transaction ID: 313fb12f-a2cc-4ae5-9
Date of Disbursement or Obligation: 11/21/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] House, [X] Senate, District: 00, State: LA
Disbursement For: [] Primary, [X] General, 2014

Full Name of Payee: Colton R Overcash
Mailing Address: 121 Ohara Dr
City: Salisbury, State: NC, Zip Code: 28147
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/21/2014
Amount: 72.30
Transaction ID: b14c67df-99ca-46d3-9
Date of Disbursement or Obligation: 11/21/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] House, [X] Senate, District: 00, State: LA
Disbursement For: [] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 172.30
(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 12/04/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 21 / 2014	
Mailing Address 100 Asbury Ct		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 06d72723-3f47-4885-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 21 / 2014	
Mailing Address 100 ASBURY CT		Amount 70.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : fe2b018d-a0f9-4bd9-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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 **12 / 04 / 2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Jon E Conner
Mailing Address
100 Asbury Ct
City
Winchester State
VA Zip Code
22602
Date of Public Distribution/Dissemination
11 / 21 / 2014
Amount
70.00
Transaction ID : 6f6222ec-13f3-4c43-b
Date of Disbursement or Obligation
11 / 21 / 2014
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
505646.06
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Rodney O Culbreath
Mailing Address
100 Asbury Ct
City
Winchester State
VA Zip Code
22602
Date of Public Distribution/Dissemination
11 / 21 / 2014
Amount
70.00
Transaction ID : 0fcd7d33-88b2-4323-8
Date of Disbursement or Obligation
11 / 21 / 2014
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
505646.06
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
12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Rodney D Culbreth
Mailing Address: 100 Asbury CT, 3200 Dam Neck Rd, Winchester VA 22602
Date of Public Distribution/Dissemination: 11/21/2014
Amount: 70.00
Transaction ID: 01256539-4f43-4065-9
Purpose of Expenditure: Salary, Category/Type: 001
Name of Federal Candidate: Ms. Mary L Landriau, Support/Oppose, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 505646.06
Disbursement For: General 2014

Full Name of Payee: Rze Culbreath
Mailing Address: 100 Asbury Ct
Date of Public Distribution/Dissemination: 11/21/2014
Amount: 70.00
Transaction ID: 3bc4b874-4e9d-47f2-a
Purpose of Expenditure: Salary, Category/Type: 001
Name of Federal Candidate: Ms. Mary L Landriau, Support/Oppose, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 505646.06
Disbursement For: General 2014

(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: 12/04/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Timothy Foley
Mailing Address 20679 Glenbrook Terrace
City Sterling State VA Zip Code 20165
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 11/22/2014
Amount 55.00
Transaction ID : 596ecdd6-a4ae-40fc-b
Date of Disbursement or Obligation 11/22/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: General 2014

Full Name of Payee Nicholas O Wilcox
Mailing Address 1981 Cherokee St
City Baton Rouge State LA Zip Code 70806
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 11/22/2014
Amount 50.00
Transaction ID : 42014262-bf7b-42d5-9
Date of Disbursement or Obligation 11/22/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: General 2014

(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 12/04/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Nicholas O Wilcox		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2014	
Mailing Address 1981 Cherokee St		Amount 4.50	
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : f4a81fe4-d7bd-4ab9-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 505646.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Eva M Johnston		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2014	
Mailing Address 2517 N 47th St		Amount 10.00	
City Milwaukee	State WI	Zip Code 53210	Transaction ID : e3273dc3-7306-4df6-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 505646.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	14.50
(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
12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2014
Mailing Address 995 Clairborne Rd		Amount 33.00
City Calhoun	State LA	Zip Code 71225
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Transaction ID : **1db39b5f-e6b3-4abe-b**
Date of Disbursement or Obligation
MM / DD / YYYY
11 / 22 / 2014

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2014
Mailing Address 995 Clairborne Rd		Amount 6.60
City Calhoun	State LA	Zip Code 71225
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Transaction ID : **4a7b9809-e1fd-43fe-a**
Date of Disbursement or Obligation
MM / DD / YYYY
11 / 22 / 2014

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	39.60
(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 **12 / 04 / 2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Colton R Overcash
Mailing Address: 121 Ohara Dr
City: Salisbury, State: NC, Zip Code: 28147
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/22/2014
Amount: 88.00
Transaction ID: 1168829c-3208-42f7-b
Date of Disbursement or Obligation: 11/22/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General

Full Name of Payee: Colton R Overcash
Mailing Address: 121 Ohara Dr
City: Salisbury, State: NC, Zip Code: 28147
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/22/2014
Amount: 64.20
Transaction ID: 668be23d-7772-43fe-9
Date of Disbursement or Obligation: 11/22/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 152.20
(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 12/04/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Philip Elkins
Mailing Address 227 Lincoln Dr
City Bossier City State LA Zip Code 71111
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 11/22/2014
Amount 40.00
Transaction ID : 26a6a114-6448-4384-a
Date of Disbursement or Obligation 11/22/2014
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Disbursement For: Primary General 2014

Full Name of Payee Philip Elkins
Mailing Address 227 Lincoln Dr
City Bossier City State LA Zip Code 71111
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 11/22/2014
Amount 11.49
Transaction ID : 7a4d569f-b2d7-4670-a
Date of Disbursement or Obligation 11/22/2014
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 51.49
(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 12/04/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Elvis Spears	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 23 / 2014
Mailing Address 2150 Hope St	Amount 60.00
City State Zip Code New Orleans LA 70119	Transaction ID : bdc6d414-3162-4d56-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 23 / 2014
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Elvis Spears	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 23 / 2014
Mailing Address 2150 Hope St	Amount 10.50
City State Zip Code New Orleans LA 70119	Transaction ID : 0a9c67f5-8627-479d-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 23 / 2014
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> 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 / D D / Y Y Y Y Y Y
12 / 04 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Cynthia J Christmas	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014
Mailing Address 1731 Frenchmen St	Amount 70.00
City New Orleans State LA Zip Code 70116	Transaction ID : 4c870b57-5452-4f73-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Cynthia J Christmas	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014
Mailing Address 1731 Frenchmen St	Amount 9.00
City New Orleans State LA Zip Code 70116	Transaction ID : de5dc330-95b5-4547-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	79.00
(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
12 / 04 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Lilly Green	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 23 / 2014
Mailing Address 205 Medallion Circle	Amount 40.00
City Shreveport	State LA
Zip Code 71119	Transaction ID : 053e42cd-62bd-4d08-9
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY 11 / 23 / 2014
Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Lilly Green	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 23 / 2014
Mailing Address 205 Medallion Circle	Amount 48.60
City Shreveport	State LA
Zip Code 71119	Transaction ID : f0b3ff12-ee4b-41c7-b
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY 11 / 23 / 2014
Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> 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

Signature _____ [Electronically Filed] Date MM / DD / YYYY
12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Mary C Lee
Mailing Address: 1030 N Coolidge Ave
City: Gonzales, State: LA, Zip Code: 70737
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/22/2014
Amount: 50.00
Transaction ID: 8eea5ab9-89ce-42df-b
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 505646.06
Disbursement For: [] Primary, [X] General, 2014

Full Name of Payee: Mary C Lee
Mailing Address: 1030 N Coolidge Ave
City: Gonzales, State: LA, Zip Code: 70737
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/22/2014
Amount: 3.60
Transaction ID: 61f7d458-b45d-496c-8
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 505646.06
Disbursement For: [] Primary, [X] General, 2014

(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] Date 12/04/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Hannah J Landry
Mailing Address 1110 N Coolidge
City Gonzales State LA Zip Code 70737
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 11/22/2014
Amount 60.00
Transaction ID : eb744492-aa8e-422a-9
Date of Disbursement or Obligation 11/22/2014
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Hannah J Landry
Mailing Address 1110 N Coolidge
City Gonzales State LA Zip Code 70737
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 11/22/2014
Amount 25.20
Transaction ID : aa216f61-20a7-4d50-9
Date of Disbursement or Obligation 11/22/2014
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 85.20
(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 12/04/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Jon E Conner
Mailing Address
100 Asbury Ct
City
Winchester State
VA Zip Code
22602
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
505646.06

Date of Public Distribution/Dissemination
11 / 22 / 2014
Amount
20.00
Transaction ID : 5127c48b-e783-4c95-8
Date of Disbursement or Obligation
11 / 22 / 2014
Office Sought:
House District: 00
President Senate State: LA
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Rodney D Culbreth
Mailing Address
100 Asbury CT
3200 Dam Neck Rd
City
Winchester State
VA Zip Code
22602
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
505646.06

Date of Public Distribution/Dissemination
11 / 22 / 2014
Amount
20.00
Transaction ID : fcca347c-4da0-4192-a
Date of Disbursement or Obligation
11 / 22 / 2014
Office Sought:
House District: 00
President Senate State: LA
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.

Ms. Emily Buchanan
[Electronically Filed]
Date
12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2014	
Mailing Address 100 Asbury Ct		Amount 20.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : cd4be44c-7ee3-4bb5-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2014	
Mailing Address 100 Asbury Ct		Amount 20.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 398c2772-10b8-40da-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> 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.

Ms. Emily Buchanan

Signature _____ [Electronically Filed] Date MM / DD / YYYY **12 / 04 / 2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Carl Brent
Mailing Address: 6718 Lake Willow Dr
City: New Orleans, State: LA, Zip Code: 70126
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/22/2014
Amount: 80.00
Transaction ID: 4b3ed96b-d3f0-44a4-9
Date of Disbursement or Obligation: 11/22/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General

Full Name of Payee: Carl Brent
Mailing Address: 6718 Lake Willow Dr
City: New Orleans, State: LA, Zip Code: 70126
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/22/2014
Amount: 39.90
Transaction ID: a34e3f18-b83c-43c1-b
Date of Disbursement or Obligation: 11/22/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 119.90
(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: 12/04/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 115.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 48751379-3873-4972-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA	
Calendar Year-To-Date Per Election for Office Sought 505646.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 60.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 15986208-039b-4586-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA	
Calendar Year-To-Date Per Election for Office Sought 505646.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	175.00
(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
 12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jeanne Tribou	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2014
Mailing Address 22369 Ponderosa Dr.	Amount 9.60
City Mandeville	State LA
Zip Code 70471	Transaction ID : f8f4efc2-ff67-48d2-8
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY 11 / 22 / 2014
Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought	505646.06

Full Name of Payee Lilly Green	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2014
Mailing Address 205 Medallion Circle	Amount 40.00
City Shreveport	State LA
Zip Code 71119	Transaction ID : 338d1d30-14d1-4fca-9
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY 11 / 22 / 2014
Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought	505646.06

(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

Signature _____ [Electronically Filed] Date **12 / 04 / 2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Gregory Green	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2014
Mailing Address 2506 Bolch Street	Amount 54.60
City Shreveport State LA Zip Code 71104	Transaction ID : fe2b9351-f8f0-47d9-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 22 / 2014
Purpose of Expenditure Mileage Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Bobbie M Steinsolt	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2014
Mailing Address 3009 Skelly St	Amount 80.00
City Shreveport State LA Zip Code 71107	Transaction ID : e7f1c715-8595-4cdf-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 22 / 2014
Purpose of Expenditure Salary Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	134.60
(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 12 / 04 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Maegan E McDaniel
Mailing Address: 3009 Skelly St
City: Shreveport, State: LA, Zip Code: 71107
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/22/2014
Amount: 80.00
Transaction ID: 82ac06f2-1bc0-44fa-b
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 505646.06
Disbursement For: General 2014

Full Name of Payee: Maegan E McDaniel
Mailing Address: 3009 Skelly St
City: Shreveport, State: LA, Zip Code: 71107
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/22/2014
Amount: 15.90
Transaction ID: e2687fcd-71ac-4b37-b
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 505646.06
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 95.90
(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 12/04/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Windy Hageman
Mailing Address
5521 Randolph St.
City
Marrero State
LA Zip Code
70072
Date of Public Distribution/Dissemination
11 / 22 / 2014
Amount
2.70
Transaction ID : e60c462c-2e6f-4cc5-9
Purpose of Expenditure
Mileage Category/
Type 002
Date of Disbursement or Obligation
11 / 22 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
505646.06
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Sheri J Peace
Mailing Address
9685 Paula St
City
Keithville State
LA Zip Code
71047
Date of Public Distribution/Dissemination
11 / 22 / 2014
Amount
80.00
Transaction ID : 9555e0b8-cbac-40dd-8
Purpose of Expenditure
Salary Category/
Type 001
Date of Disbursement or Obligation
11 / 22 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
505646.06
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 82.70
(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 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Sheri J Peace	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2014
Mailing Address 9685 Paula St	Amount 27.60
City Keithville State LA Zip Code 71047	Transaction ID : 315ba223-f971-4bab-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 22 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Ms. Mary L Landriau <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 505646.06	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Michael B Fuhrmann	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2014
Mailing Address 329 Columbia St	Amount 10.00
City Shreveport State LA Zip Code 71104	Transaction ID : 7ed82aa2-00ba-4344-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 22 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landriau <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 505646.06	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> 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 12 / 04 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Michael B Fuhrmann
Mailing Address: 329 Columbia St
City: Shreveport, State: LA, Zip Code: 71104
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/22/2014
Amount: 1.20
Transaction ID: e6c27ad6-c2d4-4444-9
Date of Disbursement or Obligation: 11/22/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General

Full Name of Payee: ERIC TABARY
Mailing Address: 6101 NORA ST
City: METAIRIE, State: LA, Zip Code: 70003
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/22/2014
Amount: 55.00
Transaction ID: c62f6b14-2db3-4caa-b
Date of Disbursement or Obligation: 11/22/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 56.20
(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: 12/04/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ERIC TABARY	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2014
Mailing Address 6101 NORA ST	Amount 1.80
City State Zip Code METAIRIE LA 70003	Transaction ID : 43e70cb8-93e9-4e5e-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 22 / 2014
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Aaron R Cowart	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 23 / 2014
Mailing Address 184 South Military Rd	Amount 40.00
City State Zip Code Slidell LA 70458	Transaction ID : 78631401-9e53-403b-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 23 / 2014
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> 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.

Ms. Emily Buchanan [Electronically Filed] Date MM / DD / YYYY
12 / 04 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Aaron R Cowart
Mailing Address: 184 South Military Rd
City: Slidell, State: LA, Zip Code: 70458
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 13.50
Transaction ID: 3ed5bc8b-3834-42fe-a
Date of Disbursement or Obligation: 11/23/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] House, [X] Senate, District: 00, State: LA
Disbursement For: [] Primary, [X] General, 2014

Full Name of Payee: Gregory Green
Mailing Address: 2506 Bolch Street
City: Shreveport, State: LA, Zip Code: 71104
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 20.00
Transaction ID: fd69cb8d-662a-4f82-9
Date of Disbursement or Obligation: 11/23/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] House, [X] Senate, District: 00, State: LA
Disbursement For: [] Primary, [X] General, 2014

(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.

Ms. Emily Buchanan [Electronically Filed] Date 12/04/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Gregory Green
Mailing Address: 2506 Bolch Street
City: Shreveport, State: LA, Zip Code: 71104
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 20.10
Transaction ID: c9924f53-bbc8-45d2-b
Date of Disbursement or Obligation: 11/23/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 505646.06

Full Name of Payee: Helen Celestine
Mailing Address: 38346 Quinn Rd
City: Pearl River, State: LA, Zip Code: 70452
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 40.00
Transaction ID: 04de4d1f-f4eb-48b9-8
Date of Disbursement or Obligation: 11/23/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 505646.06

(a) SUBTOTAL of Itemized Independent Expenditures: 60.10
(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: 12/04/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Virginia T Grant
Mailing Address
134 Shore Crest Circle
City
Carriere State
MS Zip Code
39426
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
505646.06

Date of Public Distribution/Dissemination
11 / 23 / 2014
Amount
9.60
Transaction ID : 74aa7656-f227-438f-9
Date of Disbursement or Obligation
11 / 23 / 2014
Office Sought:
House District: 00
President Senate State: LA
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Christopher Marquess
Mailing Address
110 W Pecan St
City
Ville Platte State
LA Zip Code
70586
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
505646.06

Date of Public Distribution/Dissemination
11 / 23 / 2014
Amount
45.00
Transaction ID : 97af6463-f4f7-4315-8
Date of Disbursement or Obligation
11 / 23 / 2014
Office Sought:
House District: 00
President Senate State: LA
Disbursement For:
Primary General
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.

Ms. Emily Buchanan
[Electronically Filed]
Date 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Christopher Marquess
Mailing Address: 110 W Pecan St
City: Ville Platte, State: LA, Zip Code: 70586
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/23/2014
Amount: 31.50
Transaction ID: 18b0df08-10c8-4fb4-a
Date of Disbursement or Obligation: 11/23/2014
Name of Federal Candidate: Ms. Mary L Landriau, Support: [], Oppose: [X]
Office Sought: [] House, [X] Senate, District: 00, State: LA
Disbursement For: [] Primary, [X] General, 2014

Full Name of Payee: Jessica R Resendiz
Mailing Address: 9685 Paula St
City: Keithville, State: LA, Zip Code: 71047
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/23/2014
Amount: 80.00
Transaction ID: 407d41f8-25c6-49de-9
Date of Disbursement or Obligation: 11/23/2014
Name of Federal Candidate: Ms. Mary L Landriau, Support: [], Oppose: [X]
Office Sought: [] House, [X] Senate, District: 00, State: LA
Disbursement For: [] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 111.50
(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: 12/04/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Jessica R Resendiz
Mailing Address
9685 Paula St
City
Keithville State
LA Zip Code
71047
Purpose of Expenditure
Mileage Category/Type
002
Date of Public Distribution/Dissemination
11 / 23 / 2014
Amount
25.80
Transaction ID : 04f02876-0b67-4dd4-8
Date of Disbursement or Obligation
11 / 23 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
505646.06
Disbursement For:
General 2014

Full Name of Payee
Mary Frank
Mailing Address
14 Ramblewood Drive
City
Covington State
LA Zip Code
70435
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
11 / 23 / 2014
Amount
15.00
Transaction ID : f7f5bb0d-7c34-46d8-a
Date of Disbursement or Obligation
11 / 23 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
505646.06
Disbursement For:
General 2014

(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.
Ms. Emily Buchanan
[Electronically Filed]
Date
12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Mary Frank
Mailing Address: 14 Ramblewood Drive
City: Covington, State: LA, Zip Code: 70435
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/23/2014
Amount: 5.40
Transaction ID: 7fe7338e-4a7d-499d-8
Date of Disbursement or Obligation: 11/23/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General

Full Name of Payee: Patricia F Arnold
Mailing Address: 1117 Clipper Dr
City: Slidell, State: LA, Zip Code: 70458
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/23/2014
Amount: 52.00
Transaction ID: ba288d85-68eb-4fcc-b
Date of Disbursement or Obligation: 11/23/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General

(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.

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 12/04/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Patricia F Arnold	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014
Mailing Address 1117 Clipper Dr	Amount 9.30
City State Zip Code Slidell LA 70458	Transaction ID : 722d8ffc-91e1-4815-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> 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 11 / 23 / 2014
Mailing Address 22369 Ponderosa Dr.	Amount 40.00
City State Zip Code Mandeville LA 70471	Transaction ID : d8085d48-a62d-4b1e-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(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.

Ms. Emily Buchanan [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> 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 11 / 23 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 15.60	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 2e005644-7af9-4b0c-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 11 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd		Amount 50.00	
City Carriere	State MS	Zip Code 39426	Transaction ID : 661c4737-7677-42e9-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> 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.

Ms. Emily Buchanan

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Zachary Vidrine

Date of Public Distribution/Dissemination
11 / 23 / 2014

Mailing Address
202 Rue Des Cajun

Amount
10.80
Transaction ID : 3544028b-fabf-4f8c-a

City State Zip Code
Ville Platte LA 70586

Date of Disbursement or Obligation
11 / 23 / 2014

Purpose of Expenditure
Mileage
Category/Type
002

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
505646.06

Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Ryan Drake

Date of Public Distribution/Dissemination
11 / 23 / 2014

Mailing Address
29637 Park St

Amount
20.00
Transaction ID : ec83392f-8fff-4f03-8

City State Zip Code
Walker LA 70785

Date of Disbursement or Obligation
11 / 23 / 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
505646.06

Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 30.80
(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 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Ryan Drake	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 23 / 2014 </div>
Mailing Address 29637 Park St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 2.40 </div>
City State Zip Code Walker LA 70785	Transaction ID : 353f7550-d540-41c8-8 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 23 / 2014 </div>
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 002 </div>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 505646.06 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Cynthia N Schmit	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 23 / 2014 </div>
Mailing Address 2226 Taft Circle Apt 1	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 15.00 </div>
City State Zip Code Winchester VA 22601	Transaction ID : 6e2f3351-129f-4d3c-a Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 23 / 2014 </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 001 </div>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 505646.06 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 17.40 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y _____ </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

 Signature

[Electronically Filed] Date
M M / D D / Y Y Y Y Y Y
 12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 23 / 2014	
Mailing Address 1103 West Wilson Street		Amount 21.30	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : ddd05230-9a39-4961-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 23 / 2014	
Mailing Address 2329 Runnymede Dr		Amount 40.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : b3a15e9c-13d8-47e1-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	61.30
(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

Signature _____ [Electronically Filed] Date MM / DD / YYYY
12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Rodney O Culbreath
Mailing Address
100 Asbury Ct
City
Winchester State
VA Zip Code
22602
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu
Calendar Year-To-Date
Per Election for Office Sought
505646.06

Date of Public Distribution/Dissemination
11 / 23 / 2014
Amount
30.00
Transaction ID : 593d8b12-7857-4e7c-b
Date of Disbursement or Obligation
11 / 23 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Rodney D Culbreth
Mailing Address
100 Asbury CT
3200 Dam Neck Rd
City
Winchester State
VA Zip Code
22602
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu
Calendar Year-To-Date
Per Election for Office Sought
505646.06

Date of Public Distribution/Dissemination
11 / 23 / 2014
Amount
30.00
Transaction ID : 522cc174-f81a-4fee-b
Date of Disbursement or Obligation
11 / 23 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
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 [Electronically Filed] Date 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
ERIC TABARY
Mailing Address
6101 NORA ST
City
METAIRIE State
LA Zip Code
70003
Date of Public Distribution/Dissemination
11 / 23 / 2014
Amount
70.00
Transaction ID : 05c76158-701f-4fe5-9
Date of Disbursement or Obligation
11 / 23 / 2014
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
505646.06
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
ERIC TABARY
Mailing Address
6101 NORA ST
City
METAIRIE State
LA Zip Code
70003
Date of Public Distribution/Dissemination
11 / 23 / 2014
Amount
2.10
Transaction ID : 7e4e46bd-90d8-4e16-a
Date of Disbursement or Obligation
11 / 23 / 2014
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
505646.06
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 72.10
(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
12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Mary Frank
Mailing Address: 14 Ramblewood Drive
City: Covington, State: LA, Zip Code: 70435
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/22/2014
Amount: 15.00
Transaction ID: b734e21f-ee9f-480a-a
Date of Disbursement or Obligation: 11/22/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General

Full Name of Payee: Mary Frank
Mailing Address: 14 Ramblewood Drive
City: Covington, State: LA, Zip Code: 70435
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/22/2014
Amount: 1.56
Transaction ID: 568e93cc-e1a9-4178-b
Date of Disbursement or Obligation: 11/22/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 16.56
(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.
Ms. Emily Buchanan [Electronically Filed] Date 12/04/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Laura U Logie
Mailing Address
2565 Shire Circle
City
Harrisonburg State
VA Zip Code
22801
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
505646.06

Date of Public Distribution/Dissemination
11 / 24 / 2014
Amount
40.00
Transaction ID : 5c4d5e2d-4f7c-45d6-8
Date of Disbursement or Obligation
11 / 24 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Nicholas O Wilcox
Mailing Address
1981 Cherokee St
City
Baton Rouge State
LA Zip Code
70806
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
505646.06

Date of Public Distribution/Dissemination
11 / 24 / 2014
Amount
52.00
Transaction ID : fdb804f9-19e0-4df0-b
Date of Disbursement or Obligation
11 / 24 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
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]
Date
12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Krista J Smith
Mailing Address: 41176 Bertville Rd
City: Gonzales, State: LA, Zip Code: 70737
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/24/2014
Amount: 20.00
Transaction ID: 95606519-7dec-4a27-8
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] President, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 505646.06
Disbursement For: [] Primary, [X] General, [] Other (specify)

Full Name of Payee: Krista J Smith
Mailing Address: 41176 Bertville Rd
City: Gonzales, State: LA, Zip Code: 70737
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/24/2014
Amount: 1.23
Transaction ID: 3652eed6-92e7-4934-a
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] President, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 505646.06
Disbursement For: [] Primary, [X] General, [] 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: 12/04/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Noah J Smith
Mailing Address
41174 Bertville Rd
City
Gonzales State
LA Zip Code
70737
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu
Calendar Year-To-Date
Per Election for Office Sought
505646.06

Date of Public Distribution/Dissemination
11 / 24 / 2014
Amount
20.00
Transaction ID : 4cc14b66-e349-44fe-b
Date of Disbursement or Obligation
11 / 24 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Tammay Williams
Mailing Address
924 N. Prieur St
City
New Orleans State
LA Zip Code
70116
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu
Calendar Year-To-Date
Per Election for Office Sought
505646.06

Date of Public Distribution/Dissemination
11 / 24 / 2014
Amount
40.00
Transaction ID : 789c7cfe-0204-4ecf-9
Date of Disbursement or Obligation
11 / 24 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
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
[Electronically Filed]
Date 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 24 / 2014	
Mailing Address 924 N. Prieur St		Amount 9.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 3d1c359a-609d-4d3c-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 24 / 2014	
Mailing Address 8822 Apple St		Amount 40.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 17c8ba71-cb70-4973-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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

 Signature

[Electronically Filed] Date **12 / 04 / 2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 24 / 2014	
Mailing Address 8822 Apple St		Amount 9.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : c79e59b4-cafc-4217-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 505646.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 24 / 2014	
Mailing Address 995 Clairborne Rd		Amount 37.00	
City Calhoun	State LA	Zip Code 71225	Transaction ID : a471bbf1-9782-4a17-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 505646.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> 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.

Ms. Emily Buchanan

Signature _____ [Electronically Filed] Date MM / DD / YYYY
12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Heather A Smith
Mailing Address
995 Clairborne Rd
City
Calhoun State
LA Zip Code
71225
Date of Public Distribution/Dissemination
11 / 24 / 2014
Amount
21.90
Transaction ID : 0cb82453-f81b-4efb-8
Date of Disbursement or Obligation
11 / 24 / 2014
Purpose of Expenditure
Mileage Category/Type
002
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
505646.06
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Hannah J Landry
Mailing Address
1110 N Coolidge
City
Gonzales State
LA Zip Code
70737
Date of Public Distribution/Dissemination
11 / 24 / 2014
Amount
95.00
Transaction ID : 9a10da14-8473-46ec-8
Date of Disbursement or Obligation
11 / 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
505646.06
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 116.90
(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 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Jennifer F Gilbert
Date of Public Distribution/Dissemination
11 / 24 / 2014
Mailing Address
180 McNeil Steep Hollow Rd
Amount
43.80
City State Zip Code
Carriere MS 39426
Transaction ID : 6f9a22eb-b49b-4583-b
Purpose of Expenditure
Mileage Category/Type 002
Date of Disbursement or Obligation
11 / 24 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought
505646.06
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Eva M Johnston
Date of Public Distribution/Dissemination
11 / 24 / 2014
Mailing Address
2517 N 47th St
Amount
10.00
City State Zip Code
Milwaukee WI 53210
Transaction ID : 6d221395-3ca3-462f-8
Purpose of Expenditure
Salary Category/Type 001
Date of Disbursement or Obligation
11 / 24 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought
505646.06
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 53.80
(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 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Christopher Marquess
Mailing Address: 110 W Pecan St
City: Ville Platte, State: LA, Zip Code: 70586
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/24/2014
Amount: 45.00
Transaction ID: b35f8234-cd67-4acb-a
Date of Disbursement or Obligation: 11/24/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General

Full Name of Payee: Christopher Marquess
Mailing Address: 110 W Pecan St
City: Ville Platte, State: LA, Zip Code: 70586
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/24/2014
Amount: 32.70
Transaction ID: 70f463cf-2f35-426a-b
Date of Disbursement or Obligation: 11/24/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 77.70
(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: 12/04/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Felicia A Jones	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014
Mailing Address 4106 Martha St	Amount 80.00
City Shreveport State LA Zip Code 71109	Transaction ID : 54b6ed7d-f605-45a4-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Felicia A Jones	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014
Mailing Address 4106 Martha St	Amount 9.30
City Shreveport State LA Zip Code 71109	Transaction ID : 97fe0322-9abb-4dc4-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	89.30
(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
12 / 04 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Christopher L Gilbert
Mailing Address: 55 Lovell Johnson Rd
City: Picayune, State: MS, Zip Code: 39466
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/24/2014
Amount: 45.90
Transaction ID: b3793af6-9793-45ca-a
Name of Federal Candidate: Ms. Mary L Landriau, Support: [], Oppose: [X]
Office Sought: [] President, [X] Senate, District: 00, State: LA
Disbursement For: [] Primary, [X] General, 2014

Full Name of Payee: Jessica R Resendiz
Mailing Address: 9685 Paula St
City: Keithville, State: LA, Zip Code: 71047
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/24/2014
Amount: 70.00
Transaction ID: 7b6585f2-1c72-40f0-8
Name of Federal Candidate: Ms. Mary L Landriau, Support: [], Oppose: [X]
Office Sought: [] President, [X] Senate, District: 00, State: LA
Disbursement For: [] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 115.90
(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 12/04/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Alice K Salazar	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014
Mailing Address 605 W Houston St	Amount 53.70
City State Zip Code Marshall TX 75633	Transaction ID : 31b817fc-76dd-45ad-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Taylor De Julian-Hernandez	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014
Mailing Address 284 Cr 1401	Amount 60.00
City State Zip Code Carthage TX 75633	Transaction ID : 1db13336-1581-4c08-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> 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.

Ms. Emily Buchanan

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Hilary Townsend
Mailing Address: 4506 US Hwy 79 North
City: Deberry, State: TX, Zip Code: 75639
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/24/2014
Amount: 60.00
Transaction ID: 2e0b3979-826e-4255-a
Date of Disbursement or Obligation: 11/24/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General 2014

Full Name of Payee: Ana L Esquivel
Mailing Address: 284 Cr 1401
City: Carthage, State: TX, Zip Code: 75633
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/24/2014
Amount: 60.00
Transaction ID: 2b14f8cd-f845-4fc6-b
Date of Disbursement or Obligation: 11/24/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General 2014

(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: 12/04/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Lesley Lennox
Mailing Address: 2305 Cleary Ave
City: Metairie, State: LA, Zip Code: 70001
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/24/2014
Amount: 10.00
Transaction ID: bcfbb1a2-3691-440f-a
Date of Disbursement or Obligation: 11/24/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 505646.06
Disbursement For: [] Primary, [X] General, [] Other (specify)

Full Name of Payee: Lesley Lennox
Mailing Address: 2305 Cleary Ave
City: Metairie, State: LA, Zip Code: 70001
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/24/2014
Amount: 0.90
Transaction ID: 7cef0a9f-0127-40d9-b
Date of Disbursement or Obligation: 11/24/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 505646.06
Disbursement For: [] Primary, [X] General, [] 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: 12/04/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Joneisha Stewart	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 24 / 2014
Mailing Address 2329 Runnymede Dr	Amount 60.00
City State Zip Code Marrero LA 70072	Transaction ID : 0bb33f23-8811-4219-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 24 / 2014
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Joneisha Stewart	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 24 / 2014
Mailing Address 2329 Runnymede Dr	Amount 7.50
City State Zip Code Marrero LA 70072	Transaction ID : 4c90f00a-6b51-4063-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 24 / 2014
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> 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.

Ms. Emily Buchanan

Signature _____ [Electronically Filed] Date MM / DD / YYYY **12 / 04 / 2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Elvis Spears
Mailing Address
2150 Hope St
City
New Orleans State
LA Zip Code
70119
Date of Public Distribution/Dissemination
11 / 24 / 2014
Amount
80.00
Transaction ID : 0e78af70-f267-4b71-a
Date of Disbursement or Obligation
11 / 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
505646.06
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Elvis Spears
Mailing Address
2150 Hope St
City
New Orleans State
LA Zip Code
70119
Date of Public Distribution/Dissemination
11 / 24 / 2014
Amount
15.60
Transaction ID : 9e127a43-5822-4ef6-8
Date of Disbursement or Obligation
11 / 24 / 2014
Purpose of Expenditure
Mileage Category/Type
002
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
505646.06
Disbursement For:
Primary
General
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.
Ms. Emily Buchanan
[Electronically Filed]
Date
12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Cynthia N Schmit
Mailing Address
2226 Taft Circle Apt 1
City
Winchester State
VA Zip Code
22601
Date of Public Distribution/Dissemination
11 / 24 / 2014
Amount
12.50
Transaction ID : 62555975-fbee-41a6-9
Date of Disbursement or Obligation
11 / 24 / 2014
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
505646.06
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
ERIC TABARY
Mailing Address
6101 NORA ST
City
METAIRIE State
LA Zip Code
70003
Date of Public Distribution/Dissemination
11 / 24 / 2014
Amount
60.00
Transaction ID : f1a83f40-8f9c-4f27-8
Date of Disbursement or Obligation
11 / 24 / 2014
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
505646.06
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.

Ms. Emily Buchanan
[Electronically Filed]
Date
12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> 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 11 / 24 / 2014
Mailing Address 22369 Ponderosa Dr.	Amount 9.30
City State Zip Code Mandeville LA 70471	Transaction ID : 8273f72c-5d23-42eb-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Cathy Longtin	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014
Mailing Address 827 Navavre Ave	Amount 80.00
City State Zip Code New Orleans LA 70124	Transaction ID : b0b4d9cc-8df4-46b9-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	89.30
(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
12 / 04 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Cathy Longtin
Mailing Address
827 Navavre Ave
City
New Orleans State
LA Zip Code
70124
Date of Public Distribution/Dissemination
11 / 24 / 2014
Amount
9.90
Transaction ID : 642b6e41-3613-499d-b
Date of Disbursement or Obligation
11 / 24 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought
505646.06
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Theresa a Youngblood
Mailing Address
102 S Main Street Apt A2
City
Berryville State
VA Zip Code
22611
Date of Public Distribution/Dissemination
11 / 24 / 2014
Amount
65.00
Transaction ID : 2b3ee75d-442f-4cb8-8
Date of Disbursement or Obligation
11 / 24 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought
505646.06
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 74.90
(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 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Francesca Blom
Mailing Address
101 Asbury Ct
City
Winchester State
VA Zip Code
22602
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
505646.06

Date of Public Distribution/Dissemination
11 / 24 / 2014
Amount
92.50
Transaction ID : 44cc280c-ac98-4f15-a
Date of Disbursement or Obligation
11 / 24 / 2014
Office Sought:
House District: 00
President Senate State: LA
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Evelyn Lesaicherre
Mailing Address
629 Radianc Ave
City
Metairie State
LA Zip Code
70001
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
505646.06

Date of Public Distribution/Dissemination
11 / 24 / 2014
Amount
80.00
Transaction ID : 5b749f2a-f90e-465d-8
Date of Disbursement or Obligation
11 / 24 / 2014
Office Sought:
House District: 00
President Senate State: LA
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 172.50
(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
12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Evelyn Lesaicherre
Mailing Address
629 Radiance Ave
City
Metairie State
LA Zip Code
70001
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu
Calendar Year-To-Date
Per Election for Office Sought
505646.06

Date of Public Distribution/Dissemination
11 / 24 / 2014
Amount
5.40
Transaction ID : 5aa0ea81-ced0-4854-a
Date of Disbursement or Obligation
11 / 24 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Carl Brent
Mailing Address
6718 Lake Willow Dr
City
New Orleans State
LA Zip Code
70126
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu
Calendar Year-To-Date
Per Election for Office Sought
505646.06

Date of Public Distribution/Dissemination
11 / 24 / 2014
Amount
80.00
Transaction ID : 278b8fa4-dfdb-4ab4-a
Date of Disbursement or Obligation
11 / 24 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
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.

Ms. Emily Buchanan
[Electronically Filed]
Date 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Carl Brent
Mailing Address: 6718 Lake Willow Dr
City: New Orleans, State: LA, Zip Code: 70126
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/24/2014
Amount: 14.40
Transaction ID: 4aac07bc-2ef7-4823-a
Date of Disbursement or Obligation: 11/24/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 505646.06
Disbursement For: [] Primary, [X] General, [] Other (specify)

Full Name of Payee: Joshua J Huffman
Mailing Address: 211 Dixie Ave
City: Harrisonburg, State: VA, Zip Code: 22801
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/24/2014
Amount: 60.00
Transaction ID: 16b2cf89-09f7-4a48-b
Date of Disbursement or Obligation: 11/24/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 505646.06
Disbursement For: [] Primary, [X] General, [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 74.40
(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 12/04/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Christine Stevens
Mailing Address
100 Asbury Ct
City
Winchester State
VA Zip Code
22602
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
11 / 24 / 2014
Amount
70.00
Transaction ID : 0722208b-5017-4391-a
Date of Disbursement or Obligation
11 / 24 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
505646.06
Disbursement For:
General 2014

Full Name of Payee
Jazmine d Conner
Mailing Address
100 ASBURY CT
City
WINCHESTER State
VA Zip Code
22602
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
11 / 24 / 2014
Amount
70.00
Transaction ID : a89fd75b-100e-40bf-a
Date of Disbursement or Obligation
11 / 24 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
505646.06
Disbursement For:
General 2014

(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 12 / 04 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Rodney D Culbreth
Mailing Address: 100 Asbury CT, 3200 Dam Neck Rd, Winchester VA 22602
Date of Public Distribution/Dissemination: 11/24/2014
Amount: 70.00
Transaction ID: 7f050760-a2b5-4ec4-a
Purpose of Expenditure: Salary, Category/Type: 001
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] House, [X] Senate, District: 00, State: LA
Disbursement For: [] Primary, [X] General, 2014

Full Name of Payee: Rze Culbreath
Mailing Address: 100 Asbury Ct
Date of Public Distribution/Dissemination: 11/24/2014
Amount: 70.00
Transaction ID: cca6c496-3a2e-4c30-9
Purpose of Expenditure: Salary, Category/Type: 001
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] House, [X] Senate, District: 00, State: LA
Disbursement For: [] Primary, [X] General, 2014

(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: 12/04/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Briehauna M Stevens	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014
Mailing Address 1703 Torrey Pines Ct	Amount 60.00
City Reston State VA Zip Code 20190	Transaction ID : e66e44a3-36dc-420b-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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 11 / 24 / 2014
Mailing Address 2565 Shire Circle	Amount 30.00
City Harrisonburg State VA Zip Code 22801	Transaction ID : 5692efae-f1c1-430c-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 505646.06	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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.

Ms. Emily Buchanan **[Electronically Filed]** Date M M M / D D D / Y Y Y Y Y Y
12 / 04 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Lesley Lennox
Mailing Address: 2305 Cleary Ave
City: Metairie, State: LA, Zip Code: 70001
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/22/2014
Amount: 57.50
Transaction ID: 6d8ee469-d2c9-4041-b
Date of Disbursement or Obligation: 11/22/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 505646.06

Full Name of Payee: Lesley Lennox
Mailing Address: 2305 Cleary Ave
City: Metairie, State: LA, Zip Code: 70001
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/22/2014
Amount: 3.90
Transaction ID: cb909de3-969c-4a25-a
Date of Disbursement or Obligation: 11/22/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 505646.06

(a) SUBTOTAL of Itemized Independent Expenditures: 61.40
(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: 12/04/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Colton R Overcash
Mailing Address: 121 Ohara Dr
City: Salisbury, State: NC, Zip Code: 28147
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/24/2014
Amount: 70.00
Transaction ID: 0f705fca-b1c5-49b8-b
Date of Disbursement or Obligation: 11/24/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 505646.06
Disbursement For: [] Primary, [X] General, 2014, [] Other (specify)

Full Name of Payee: Colton R Overcash
Mailing Address: 121 Ohara Dr
City: Salisbury, State: NC, Zip Code: 28147
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/24/2014
Amount: 78.84
Transaction ID: 7920c277-d391-4f35-9
Date of Disbursement or Obligation: 11/24/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 505646.06
Disbursement For: [] Primary, [X] General, 2014, [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 148.84
(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.
Ms. Emily Buchanan [Electronically Filed] Date 12/04/2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Women Speak Out PAC
FEC IDENTIFICATION NUMBER
C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Colton R Overcash
Mailing Address: 121 Ohara Dr
City: Salisbury, State: NC, Zip Code: 28147
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 11/23/2014
Amount: 90.00
Transaction ID: 871d7b9c-8594-43e4-b
Date of Disbursement or Obligation: 11/23/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 505646.06
Disbursement For: [] Primary, [X] General, [] Other (specify)

Full Name of Payee: Colton R Overcash
Mailing Address: 121 Ohara Dr
City: Salisbury, State: NC, Zip Code: 28147
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 11/23/2014
Amount: 60.60
Transaction ID: 8c28a9f9-fbf6-4f96-8
Date of Disbursement or Obligation: 11/23/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [], Oppose: [X]
Office Sought: [] House, [X] Senate, District: 00, State: LA
Calendar Year-To-Date Per Election for Office Sought: 505646.06
Disbursement For: [] Primary, [X] General, [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 150.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures: 34162.77

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 12/04/2014