

FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name INDEPENDENT WOMEN'S VOICE		2. FEC Identification Number C C30001572
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 4400 JENNIFER STREET NW SUITE 240		
(c) City, State and ZIP Code WASHINGTON DC 20015		
(d) Name of Employer or Principal Place of Business		(e) Occupation

3. Is This Statement <input type="checkbox"/> New or <input checked="" type="checkbox"/> Amended	4. Covering Period	M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 1 0
		through M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 1 0

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 1 0 **(b) Communication Title** IWV Dr. Eck MO Project

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)
 (d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15
 (e) Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name
Stacy Chin

(b) Address (number and street)
4400 Jenifer Street

(c) City, State and ZIP Code
Washington DC 20015

(d) Name of Employer or Principal Place of Business
Independent Women's Voice

(e) Occupation
Vice President of Operations & Admin.

9. Total Donations This Statement 61675.00

10. Total Disbursements/Obligations This Statement 61675.00

Under penalty of perjury, I certify that this statement is true, correct and complete.
 TYPE OR PRINT NAME OF PERSON COMPLETING FORM Heather Higgins
 SIGNATURE Electronically Filed by Heather Higgins DATE 09/23/2010

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

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A. (a) Name	Transaction ID : F91.4099	
Heather Higgins		
(b) Address (number and street)	4400 Jenifer Street Suite 240	
Suite 240		
(c) City, State and Zip Code	DC	20015
Washington		
(d) Name of Employer or Principal Place of Business	(e) Occupation	
Independent Women's Voice	President & CEO	

A. Full Name of Donor

THE ANNUAL FUND INC

Mailing Address of Donor
SAINT GERMAIN DR 341

City	State	Zip
CENTERVILLE	VA	20121

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Amount

61675.00

Transaction ID : F92.4111

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

61675.00

TOTAL This Period (last page this line number only).....
(carry total from last page to Line 9)

61675.00

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee Intrepid Media, Inc.				Date of Disbursement or Obligation <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>				M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	1	0		
M	M	/	D	D	/	Y	Y	Y	Y																				
0	9		2	1		2	0	1	0																				
Mailing Address of Payee 210 Mill Branch Road				Amount <table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="10">1435.00</td> </tr> </table>				1435.00																					
1435.00																													
City Tallahassee		State FL		Zip Code 32312		Communication Date <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>				M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y																				
0	9		2	1		2	0	1	0																				
Name of Employer Occupation				Transaction ID : F93.4114																									
Purpose of Disbursement (including title(s) of communication(s)) Radio spot production: Creative, music rights, editing, - IWV Dr. Eck MO Project																													
Name of Federal Candidate ROBIN CARNAHAN F94.4103			Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: MO District: 00		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																						
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																						
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																						
B. Full Name (Last, First, Middle Initial) of Payee William Pascoe				Date of Disbursement or Obligation <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>						M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y																				
0	9		2	0		2	0	1	0																				
Mailing Address of Payee 2101 Mill Road #413				Amount <table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="10">1500.00</td> </tr> </table>						1500.00																			
1500.00																													
City Alexandria		State VA		Zip Code 22314		Communication Date <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>				M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y																				
0	9		2	1		2	0	1	0																				
Name of Employer Self Occupation Communications Consultant				Transaction ID : F93.4108																									
Purpose of Disbursement (including title(s) of communication(s)) Creative Design/Script Writing & Prouduction - IWV Dr. Eck MO Project																													
Name of Federal Candidate ROBIN CARNAHAN F94.4103			Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: MO District: 00		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																						
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																						
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____																						
SUBTOTAL of Disbursement/Obligation This Page (optional)						<table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="10">2935.00</td> </tr> </table>				2935.00																			
2935.00																													
TOTAL This Period (last page this line number only) (carry total from last page to line 10)						<table border="1" style="width:100%; text-align: center;"> <tr> <td colspan="10"> </td> </tr> </table>																							

SCHEDULE 9-B

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee Smart Media Group <hr/> Mailing Address of Payee 814 King Street #400 <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Alexandria</td> <td>VA</td> <td>22314</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td style="width:40%;">Occupation</td> </tr> </table>	City	State	Zip Code	Alexandria	VA	22314	Name of Employer	Occupation	Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 2 0 / 2 0 1 0</td> </tr> </table> Amount <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">53975.00</td> </tr> </table> Communication Date <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 2 1 / 2 0 1 0</td> </tr> </table> Transaction ID : F93.4101	M M / D D / Y Y Y Y	0 9 / 2 0 / 2 0 1 0	53975.00	M M / D D / Y Y Y Y	0 9 / 2 1 / 2 0 1 0
City	State	Zip Code												
Alexandria	VA	22314												
Name of Employer	Occupation													
M M / D D / Y Y Y Y														
0 9 / 2 0 / 2 0 1 0														
53975.00														
M M / D D / Y Y Y Y														
0 9 / 2 1 / 2 0 1 0														

Purpose of Disbursement (including title(s) of communication(s)) Radio Media Flight 9/21-9/27 - IWV Dr. Eck MO Project			
Name of Federal Candidate ROBIN CARNAHAN F94.4103	Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: 00 Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

B. Full Name (Last, First, Middle Initial) of Payee Smart Media Group <hr/> Mailing Address of Payee 814 King Street #400 <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Alexandria</td> <td>VA</td> <td>22314</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td style="width:40%;">Occupation</td> </tr> </table>	City	State	Zip Code	Alexandria	VA	22314	Name of Employer	Occupation	Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 2 0 / 2 0 1 0</td> </tr> </table> Amount <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">20.00</td> </tr> </table> Communication Date <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 2 1 / 2 0 1 0</td> </tr> </table> Transaction ID : F93.4104	M M / D D / Y Y Y Y	0 9 / 2 0 / 2 0 1 0	20.00	M M / D D / Y Y Y Y	0 9 / 2 1 / 2 0 1 0
City	State	Zip Code												
Alexandria	VA	22314												
Name of Employer	Occupation													
M M / D D / Y Y Y Y														
0 9 / 2 0 / 2 0 1 0														
20.00														
M M / D D / Y Y Y Y														
0 9 / 2 1 / 2 0 1 0														

Purpose of Disbursement (including title(s) of communication(s)) Wire Transfer Fees - IWV Dr. Eck MO Project			
Name of Federal Candidate ROBIN CARNAHAN F94.4103	Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: 00 Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

SUBTOTAL of Disbursement/Obligation This Page (optional)	53995.00
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	_____

SCHEDULE 9-B

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee Smart Media Group <hr/> Mailing Address of Payee 814 King Street #400 <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Alexandria</td> <td>VA</td> <td>22314</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td>Occupation</td> </tr> </table>	City	State	Zip Code	Alexandria	VA	22314	Name of Employer	Occupation	Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 2 0 / 2 0 1 0</td> </tr> </table> Amount <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">300.00</td> </tr> </table> Communication Date <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 2 1 / 2 0 1 0</td> </tr> </table> Transaction ID : F93.4105	M M / D D / Y Y Y Y	0 9 / 2 0 / 2 0 1 0	300.00	M M / D D / Y Y Y Y	0 9 / 2 1 / 2 0 1 0
City	State	Zip Code												
Alexandria	VA	22314												
Name of Employer	Occupation													
M M / D D / Y Y Y Y														
0 9 / 2 0 / 2 0 1 0														
300.00														
M M / D D / Y Y Y Y														
0 9 / 2 1 / 2 0 1 0														

Purpose of Disbursement (including title(s) of communication(s)) Shipping - IWV Dr. Eck MO Project			
Name of Federal Candidate ROBIN CARNAHAN F94.4103	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: 00	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

B. Full Name (Last, First, Middle Initial) of Payee Smart Media Group <hr/> Mailing Address of Payee 814 King Street #400 <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Alexandria</td> <td>VA</td> <td>22314</td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name of Employer</td> <td>Occupation</td> </tr> </table>	City	State	Zip Code	Alexandria	VA	22314	Name of Employer	Occupation	Date of Disbursement or Obligation <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 2 0 / 2 0 1 0</td> </tr> </table> Amount <table style="width:100%; border: none;"> <tr> <td style="text-align: right;">3175.00</td> </tr> </table> Communication Date <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 9 / 2 1 / 2 0 1 0</td> </tr> </table> Transaction ID : F93.4106	M M / D D / Y Y Y Y	0 9 / 2 0 / 2 0 1 0	3175.00	M M / D D / Y Y Y Y	0 9 / 2 1 / 2 0 1 0
City	State	Zip Code												
Alexandria	VA	22314												
Name of Employer	Occupation													
M M / D D / Y Y Y Y														
0 9 / 2 0 / 2 0 1 0														
3175.00														
M M / D D / Y Y Y Y														
0 9 / 2 1 / 2 0 1 0														

Purpose of Disbursement (including title(s) of communication(s)) Media Commission - IWV Dr. Eck MO Project			
Name of Federal Candidate ROBIN CARNAHAN F94.4103	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: 00	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

SUBTOTAL of Disbursement/Obligation This Page (optional)	3475.00
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	_____

SCHEDULE 9-B

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee Smart Media Group			Date of Disbursement or Obligation <input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>		
Mailing Address of Payee 814 King Street #400			Amount <input type="text" value="1270.00"/>		
City	State	Zip Code	Communication Date <input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>		
Alexandria	VA	22314	Transaction ID : F93.4107		
Name of Employer Occupation					

Purpose of Disbursement (including title(s) of communication(s))
 Media Commission - Intrepid Media - IWV Dr. Eck MO Project

Name of Federal Candidate ROBIN CARNAHAN	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: 00	Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.4103			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Empty area for additional disbursement entries.

SUBTOTAL of Disbursement/Obligation This Page (optional)	<input type="text" value="1270.00"/>
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	<input type="text" value="61675.00"/>