

Image# 15951374775

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Women Speak Out PAC

ADDRESS (number and street)

1200 New Hampshire Ave NW

Suite 750

Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00530766

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(b) Monthly Report Due On:	<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input checked="" type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
	<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
	<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(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)

(c) 12-Day <b>PRE-Election</b> Report for the:	<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
	<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on

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

in the State of

(d) 30-Day <b>POST-Election</b> Report for the:	<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)

Election on

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

in the State of

5. Covering Period

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

through

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

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

Type or Print Name of Treasurer Ms. Emily Buchanan

Signature of Treasurer

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
05 14 2015

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

Office Use Only

**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Women Speak Out PAC

Report Covering the Period: From:  /  /  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="105259.18"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="499251.72"/>	<input type="text" value="1016057.56"/>
(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="604510.9"/>	<input type="text" value="1017900.04"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="396826.32"/>	<input type="text" value="810215.46"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="207684.58"/>	<input type="text" value="207684.58"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Page 3

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).....	496679.72	999129.72
(ii) Unitemized .....	2572	16927.84
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	499251.72	1016057.56
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	499251.72	1016057.56
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0	
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	499251.72	1016057.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	499251.72	1016057.56

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	265815.04	469523.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	265815.04	469523.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E) .....	131011.28	340691.62
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)) ..	396826.32	810215.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	396826.32	810215.46

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 1703
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Kathleen Shepard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2320 E Baseline Rd  
 Ste 148-624  
 City Phoenix State AZ Zip Code 85042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Realtor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2014  
**Transaction ID : 9E-89FB-B93ACD1CC8CA**  
 Amount of Each Receipt this Period  
**150.00**

**B. Tom Tarzian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1100 S High St  
 City Bloomington State IN Zip Code 47401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sarkes Tarzian, Inc. Occupation Chairman of Board of Directors  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **15000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2014  
**Transaction ID : 79-B1F9-49E7074A0F35**  
 Amount of Each Receipt this Period  
**5000.00**

**C. Mary Adams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7223 Mission Rd  
 Apt 110  
 City Prairie Village State KS Zip Code 66208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IBM Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2014  
**Transaction ID : 81-B2D3-E1C77915D6FA**  
 Amount of Each Receipt this Period  
**300.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>5450.00</b>
<b>TOTAL</b> 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 7 OF 1703
	<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. Robert Howe**  
Full Name (Last, First, Middle Initial)

Mailing Address 3228 Arbor Dr

City Pleasanton State CA Zip Code 94566

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2014

**Transaction ID : C8-9EED-400B2BE9F57F**

Amount of Each Receipt this Period  
 300.00

**B. Bill Hornung**  
Full Name (Last, First, Middle Initial)

Mailing Address 518 Nebraska Ave

City Stratton State CO Zip Code 80836

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2014

**Transaction ID : 01-B1D9-4245762B51C5**

Amount of Each Receipt this Period  
 1000.00

**C. Mary Wolosek**  
Full Name (Last, First, Middle Initial)

Mailing Address 5621 Patrick Henry Ct

City Wisconsin Rapids State WI Zip Code 54494

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

Name of Employer Wolosek & Wolosek CPAs Occupation CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2014

**Transaction ID : 5F-BB15-FB7433CC7498**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 1703
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

**A. Kathleen Shepard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2320 E Baseline Rd  
 Ste 148-624  
 City Phoenix State AZ Zip Code 85042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Realtor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 28 / 2014  
**Transaction ID : 0C-99E8-35B171751A90**  
 Amount of Each Receipt this Period  
 100.00

**B. John Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2028 Edenton Trl  
 City Evans State GA Zip Code 30809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Flowserve Occupation Sales  
 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  
 07 / 28 / 2014  
**Transaction ID : 73-B335-A399F83450EC**  
 Amount of Each Receipt this Period  
 100.00

**C. Ken Rasch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1834 Johnson Ave  
 City Fort Dodge State IA Zip Code 50501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Farmer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **245.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2014  
**Transaction ID : 96-95FD-A9C29559EC4C**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... **225.00**  
**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 1703
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)  
**A. Joan Hornung**

Mailing Address 518 Nebraska Ave

City Stratton State CO Zip Code 80836

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2014

**Transaction ID : 9B-BB1B-53EE40B753B4**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Sean Fieler**

Mailing Address 40 Haslet Ave

City Princeton State NJ Zip Code 08540

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

Name of Employer Chiaroscuro Foundation Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
385946.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2014

**Transaction ID : 0C-840F-C0975303C05B**

Amount of Each Receipt this Period  
385946.12

Full Name (Last, First, Middle Initial)  
**C. Susan B Anthony List, Inc.**

Mailing Address 1707 L St., NW Suite 550

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1575192.41

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2014

**Transaction ID : 98-B09A-62D4C9B1D0C4**

Amount of Each Receipt this Period  
20000.00

List Rental - In Kind Donation

List Rental - In Kind Donation

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	406946.12
<b>TOTAL</b> 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 1703
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

**A. Susan B Anthony List, Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address 1707 L St., NW  
Suite 550

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1575192.41

Date of Receipt  
07 / 31 / 2014  
**Transaction ID : D5-8EC3-708F63C1DBF8**

Amount of Each Receipt this Period  
62817.00

Salaries - In Kind Donation

Salaries - In Kind Donation

**B. Susan B Anthony List, Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address 1707 L St., NW  
Suite 550

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1575192.41

Date of Receipt  
07 / 31 / 2014  
**Transaction ID : AD-A8A7-A2691EDFE3A4**

Amount of Each Receipt this Period  
4805.50

Payroll Taxes - In Kind Donation

Payroll Taxes - In Kind Donation

**C. Susan B Anthony List, Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address 1707 L St., NW  
Suite 550

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1575192.41

Date of Receipt  
07 / 31 / 2014  
**Transaction ID : BF-9542-30746E542859**

Amount of Each Receipt this Period  
10713.60

Rent - In Kind Donation

Rent - In Kind Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 78336.10

**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 11 OF 1703  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Women Speak Out PAC**

Full Name (Last, First, Middle Initial)  
**A. Susan B Anthony List, Inc.**

Mailing Address 1707 L St., NW  
Suite 550

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1575192.41

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2014  
**Transaction ID : DB-A5AA-B27A9484603D**

Amount of Each Receipt this Period  
4172.50

Office Expenses - In Kind Donation

Office Expenses - In Kind Donation

Full Name (Last, First, Middle Initial)  
**B.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4172.50
<b>TOTAL</b> This Period (last page this line number only).....▶	496679.72

**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

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 30 / 2014

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

Amount of Each Disbursement this Period

97.28

Full Name (Last, First, Middle Initial)

**B. Colonial Properties**

Mailing Address 5100 South Thompson St.

City Springfield State AR Zip Code 72764

Purpose of Disbursement  
Rent

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2014

Transaction ID : 0045B607-FE4F-4774-A

Amount of Each Disbursement this Period

695.00

Full Name (Last, First, Middle Initial)

**C. Taylor Wilson**

Mailing Address 6300 terra verde dr

City Raleigh State NC Zip Code 27609

Purpose of Disbursement  
Travel reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

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

Amount of Each Disbursement this Period

102.29

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

894.57

**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. Activist Manager**

Mailing Address PO Box 601

City State Zip Code  
Great Falls VA 22066

Purpose of Disbursement  
FEC Report Management

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2014

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

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mary Katherine Collins**

Mailing Address 15 1/2 Magnoila Circle

City State Zip Code  
Searcy AR 72143

Purpose of Disbursement  
Travel reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

Transaction ID : 01F0942D-B680-4F55-9

Amount of Each Disbursement this Period

24.08

Full Name (Last, First, Middle Initial)

**C. Mr. Grayson Greco**

Mailing Address 115 Wyndham Way

City State Zip Code  
Wilmington NC 24811

Purpose of Disbursement  
Travel reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

Transaction ID : 02CCCC68-4DAB-463D-9

Amount of Each Disbursement this Period

15.00

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

1039.08

**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. Mr. Eric Soderstrom**

Mailing Address 148 Berry Mountian Rd

City Cramerton State NC Zip Code 28032

Purpose of Disbursement  
Travel reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

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

Amount of Each Disbursement this Period

22.53

Full Name (Last, First, Middle Initial)

**B. Webster, Chamberlain & Bean**

Mailing Address 1747 Pennsylvania Ave, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Legal

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2014

Transaction ID : 0366D3DB-88D7-410E-8

Amount of Each Disbursement this Period

152.33

Full Name (Last, First, Middle Initial)

**C. Mr. Eric Soderstrom**

Mailing Address 148 Berry Mountian Rd

City Cramerton State NC Zip Code 28032

Purpose of Disbursement  
Travel reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2014

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

Amount of Each Disbursement this Period

20.70

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

195.56

**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. 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 : 05F7D161-7248-42E8-8**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Paul Rickert**

Mailing Address 710 St. Martins Lane

City Bossier City State LA Zip Code 71111

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 : 05FCAC04-F429-4C0D-B**

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 : 0619287F-DD74-439F-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. Mr. Mick Bransfield**

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

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

Amount of Each Disbursement this Period

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  
Payroll Taxes

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Garland Honeycutt**

Mailing Address 1081 Fork Mountain

City Bakersville State NC Zip Code 28705

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

Transaction ID : 080F46EC-A62B-4C1C-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. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Bank Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Mr. Mick Bransfield**

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

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

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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 0AF3D852-48A2-44D4-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. Mr. Kevin Shinault**

Mailing Address 175 Hillcrest Ct.

City Pilot Mountain State NC Zip Code 27041

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

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

**Transaction ID : 0C60CED8-CB00-4179-8**

Amount of Each Disbursement this Period

20.10

Full Name (Last, First, Middle Initial)

**B. Taylor Wilson**

Mailing Address 6300 terra verde dr

City Raleigh State NC Zip Code 27609

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

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

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

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

**C. Ms. Alexandra Doucet**

Mailing Address 73 Catalpa Trace

City Covington State LA Zip Code 70433

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

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

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

Amount of Each Disbursement this Period

20.61

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

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

75.71

**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. Herbert Taylor**

Mailing Address 4809 Red Heart Drive

City State Zip Code  
Wilmington NC 28412

Purpose of Disbursement  
Rent

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 0F12F5A3-493D-4990-B**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Taylor Wilson**

Mailing Address 6300 terra verde dr

City State Zip Code  
Raleigh NC 27609

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Mr. Eric Soderstrom**

Mailing Address 148 Berry Mountian Rd

City State Zip Code  
Cramerton NC 28032

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 10F05102-4362-4A8C-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**

**A. Julie Harris**

Full Name (Last, First, Middle Initial)

Mailing Address 3654 Tara Street

City Springdale State AR Zip Code 72762

Purpose of Disbursement Travel reimbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 10 / 2014

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

Amount of Each Disbursement this Period: 16.20

Category/Type: 002

**B. Chain Bridge Bank**

Full Name (Last, First, Middle Initial)

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement Bank Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 09 / 2014

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

Amount of Each Disbursement this Period: 15.00

Category/Type: 001

**C. Christopher Crawford**

Full Name (Last, First, Middle Initial)

Mailing Address 18 Fairhaven road

City Nashua State NH Zip Code 03060

Purpose of Disbursement Salary

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 11 / 2014

Transaction ID : 13386458-5894-4173-B

Amount of Each Disbursement this Period: 1100.75

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1131.95

**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. Mr. Grayson Greco**

Mailing Address 115 Wyndham Way

City State Zip Code  
Wilmington NC 24811

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 : 13F9FFC7-2BB0-4962-A**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Mary Katherine Collins**

Mailing Address 15 1/2 Magnoila Circle

City State Zip Code  
Searcy AR 72143

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 1466F1A0-AE05-4C81-B**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Mary Katherine Collins**

Mailing Address 15 1/2 Magnoila Circle

City State Zip Code  
Searcy AR 72143

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 1545F29B-13F8-4D7A-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. Activist Manager**

Mailing Address PO Box 601

City State Zip Code  
Great Falls VA 22066

Purpose of Disbursement  
FEC Report Management

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2014

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

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mr. Mick Bransfield**

Mailing Address 12720 Builders Rd

City State Zip Code  
Herndon VA 20170

Purpose of Disbursement  
National Field Management

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2014

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

Amount of Each Disbursement this Period

1333.33

Full Name (Last, First, Middle Initial)

**C. Paul Rickert**

Mailing Address 710 St. Martins Lane

City State Zip Code  
Bossier City LA 71111

Purpose of Disbursement  
Travel reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2014

Transaction ID : 161A4D3A-DA39-4574-A

Amount of Each Disbursement this Period

11.98

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

2345.31

**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

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 23 / 2014

Transaction ID : 17BD3CC8-471F-450E-8

Amount of Each Disbursement this Period

0.48

Full Name (Last, First, Middle Initial)

**B. The Carlyle Gregory Company, LLC**

Mailing Address 140 Little Falls St.  
Suite 104

City Falls Church State VA Zip Code 22046

Purpose of Disbursement  
June Consulting Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2014

Transaction ID : 190919BE-223D-4715-A

Amount of Each Disbursement this Period

666.66

Full Name (Last, First, Middle Initial)

**C. Mr. Kevin Shinault**

Mailing Address 175 Hillcrest Ct.

City Pilot Mountain State NC Zip Code 27041

Purpose of Disbursement  
Travel reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

Transaction ID : 19C7EF52-AA68-4758-A

Amount of Each Disbursement this Period

11.09

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

678.23

**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. 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 : 1AEE651B-29B1-4C88-B**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. AT&T**

Mailing Address PO Box 657

City Evansville State IN Zip Code 47704

Purpose of Disbursement  
Telephone

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 1B239822-6F1D-46EE-A**

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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 1B9D6F64-B5CD-464E-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. Mr. Kevin Shinault**

Mailing Address 175 Hillcrest Ct.

City Pilot Mountain State NC Zip Code 27041

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 : 1C19527F-15CF-4AEB-B**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Activist Manager**

Mailing Address PO Box 601

City Great Falls State VA Zip Code 22066

Purpose of Disbursement  
FEC Report Management

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Laurie Lee**

Mailing Address 11104 Westpoint Court

City Little Rock State AR Zip Code 72211

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 1F46B221-2FF0-40B5-8**

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. 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 : 1F4C7E80-5004-41E2-8**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Mr. Eric Soderstrom**

Mailing Address 148 Berry Mountian Rd

City Cramerton State NC Zip Code 28032

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 : 1F61F1D7-4795-45F3-B**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. DC Unemployment Services**

Mailing Address 501 C St. NW #501

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Payroll Taxes

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 1FFD1AED-9D88-47FE-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. Mr. Eric Soderstrom**

Mailing Address 148 Berry Mountain Rd

City Cramerton State NC Zip Code 28032

Purpose of Disbursement  
Travel reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

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

Amount of Each Disbursement this Period

41.70

Full Name (Last, First, Middle Initial)

**B. Ms. Ruth Wisher**

Mailing Address 515 Gardere Lane  
Apt 215

City Baton Rouge State LA Zip Code 70820

Purpose of Disbursement  
Travel reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 14 / 2014

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

Amount of Each Disbursement this Period

139.55

Full Name (Last, First, Middle Initial)

**C. IRS**

Mailing Address IRS

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement  
Payroll Taxes

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 11 / 2014

Transaction ID : 215639CF-DEB6-4771-9

Amount of Each Disbursement this Period

514.00

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

695.25

**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. Mr. Eric Soderstrom**

Mailing Address 148 Berry Mountain Rd

City Cramerton State NC Zip Code 28032

Purpose of Disbursement  
Travel reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	5		2	0	1	4		

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

Amount of Each Disbursement this Period

1	3	4	.	9	5
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Garland Honeycutt**

Mailing Address 1081 Fork Mountain

City Bakersville State NC Zip Code 28705

Purpose of Disbursement  
Travel reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	8		2	0	1	4		

Transaction ID : 23C047B0-C7B5-417B-8

Amount of Each Disbursement this Period

1	2	.	6	6
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Mr. Kevin Shinault**

Mailing Address 175 Hillcrest Ct.

City Pilot Mountain State NC Zip Code 27041

Purpose of Disbursement  
Travel reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				0	3		2	0	1	4		

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

Amount of Each Disbursement this Period

4	2	.	3	6
---	---	---	---	---

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

1	8	9	.	9	7
---	---	---	---	---	---

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

1	8	9	.	9	7
---	---	---	---	---	---

**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. Mr. Mick Bransfield**

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement  
National Field Management

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2014

**Transaction ID : 241B4625-736B-44D4-9**

Amount of Each Disbursement this Period

1333.33

Full Name (Last, First, Middle Initial)

**B. Julie Harris**

Mailing Address 3654 Tara Street

City Springdale State AR Zip Code 72762

Purpose of Disbursement  
Travel reimbursement

**002**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

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

Amount of Each Disbursement this Period

21.45

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

MM / DD / YYYY  
07 / 18 / 2014

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

Amount of Each Disbursement this Period

19.74

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

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

1374.52

**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. Mr. Grayson Greco**

Mailing Address 115 Wyndham Way

City State Zip Code  
Wilmington NC 24811

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 : 26230D9F-40A1-4DD3-9**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Taylor Wilson**

Mailing Address 6300 terra verde dr

City State Zip Code  
Raleigh NC 27609

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Susan B Anthony List**

Mailing Address 1707 L St., NW

City State Zip Code  
Washington DC 20036

Purpose of Disbursement  
Rent - In Kind Donation

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

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

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. Discount Bankcard**

Mailing Address 21215 Burbank Blvd  
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement  
Credit Card Processing

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

Transaction ID : 2796AD7F-0F44-43D9-A

Amount of Each Disbursement this Period

16.06

Full Name (Last, First, Middle Initial)

**B. Mr. Eric Soderstrom**

Mailing Address 148 Berry Mountain Rd

City Cramerton State NC Zip Code 28032

Purpose of Disbursement  
Travel reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

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

Amount of Each Disbursement this Period

5.05

Full Name (Last, First, Middle Initial)

**C. Ms. Marie Guillot**

Mailing Address 207 N Demanade Blvd

City Lafayette State LA Zip Code 70503

Purpose of Disbursement  
Salary

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

Transaction ID : 288AA986-B110-4F34-A

Amount of Each Disbursement this Period

1307.58

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

1328.69

**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

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2014

Transaction ID : 29656174-839C-4304-8

Amount of Each Disbursement this Period

0.78

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2014

Transaction ID : 299ACC50-5D49-405C-8

Amount of Each Disbursement this Period

137.83

Full Name (Last, First, Middle Initial)

**C. Michelle Rickert**

Mailing Address 710 St. Martins Lane

City Bossier City State LA Zip Code 71111

Purpose of Disbursement  
Travel reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

Transaction ID : 2A187D0E-41B3-4720-9

Amount of Each Disbursement this Period

20.00

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

158.61

**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

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

Transaction ID : 2A84FE68-16D0-4F6F-A

Amount of Each Disbursement this Period

24.55

Full Name (Last, First, Middle Initial)

**B. Julie Harris**

Mailing Address 3654 Tara Street

City Springdale State AR Zip Code 72762

Purpose of Disbursement  
Wages

002

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

Transaction ID : 2B02B263-B5F6-4911-9

Amount of Each Disbursement this Period

2501.75

Full Name (Last, First, Middle Initial)

**C. Barry Bostrom**

Mailing Address 24254 N 8th St

City Terre Haute State IN Zip Code 47804

Purpose of Disbursement  
Legal

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2014

Transaction ID : 2B3FA0D3-7E38-4D5D-B

Amount of Each Disbursement this Period

385.00

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

2911.30

**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. Tami Fitzgerald**

Mailing Address 109 Carpathian Way

City Raleigh State NC Zip Code 27615

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 : 2B8121C8-C93D-4CE7-9

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Mr. Eric Soderstrom**

Mailing Address 148 Berry Mountian Rd

City Cramerton State NC Zip Code 28032

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 : 2BE41CD0-29F1-43FC-A

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Mr. Eric Soderstrom**

Mailing Address 148 Berry Mountian Rd

City Cramerton State NC Zip Code 28032

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 : 2BE9A0FB-F491-498D-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. Mr. Grayson Greco**

Mailing Address 115 Wyndham Way

City State Zip Code  
Wilmington NC 24811

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 : 2D8010BF-9AC1-4170-9**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PayChex**

Mailing Address 911 Panorama Trail S

City State Zip Code  
Rochester NY 14625

Purpose of Disbursement  
Payroll Processing

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 2E8B052B-ABB1-4CBF-B**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Mr. Mick Bransfield**

Mailing Address 12720 Builders Rd

City State Zip Code  
Herndon VA 20170

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 2F507592-8B5D-45FE-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. Mr. Mick Bransfield**

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement  
Travel reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : 30D1118A-0491-4C2E-8

Amount of Each Disbursement this Period

27.14
-------

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

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

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

Amount of Each Disbursement this Period

32.16
-------

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

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

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

Amount of Each Disbursement this Period

14.58
-------

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

73.88
-------

**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. IRS**

Mailing Address IRS

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement  
Payroll Taxes

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

Transaction ID : 321AD063-DF0D-4194-9

Amount of Each Disbursement this Period

233.47

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  
Payroll Taxes

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2014

Transaction ID : 329DC994-FDBA-4D17-B

Amount of Each Disbursement this Period

29.00

Full Name (Last, First, Middle Initial)

**C. Mr. Kevin Shinault**

Mailing Address 175 Hillcrest Ct.

City Pilot Mountain State NC Zip Code 27041

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  
07 / 18 / 2014

Transaction ID : 36919868-84C0-4097-8

Amount of Each Disbursement this Period

7.35

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

269.82

**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. Mary Katherine Collins**

Mailing Address 15 1/2 Magnolia Circle

City Searcy State AR Zip Code 72143

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 : 36DBA377-8CCE-4CDD-B**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Ms. Marie Guillot**

Mailing Address 207 N Demanade Blvd

City Lafayette State LA Zip Code 70503

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 : 370CC93D-AEFF-4A37-9**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Ms. Marie Guillot**

Mailing Address 207 N Demanade Blvd

City Lafayette State LA Zip Code 70503

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 : 37A98E74-8B2F-4E58-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. Mr. Grayson Greco**

Mailing Address 115 Wyndham Way

City State Zip Code  
Wilmington NC 24811

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 : 3862B00D-D1C3-4F5E-A**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Taylor Wilson**

Mailing Address 6300 terra verde dr

City State Zip Code  
Raleigh NC 27609

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Mr. Eric Soderstrom**

Mailing Address 148 Berry Mountain Rd

City State Zip Code  
Cramerton NC 28032

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 39815CEB-2C76-45A4-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. Christopher Crawford**

Mailing Address 18 Fairhaven road

City State Zip Code  
Nashua NH 03060

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

Transaction ID : 39D61C12-7122-4DFD-A

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Dick Wadhams**

Mailing Address 6388 South Chase Court

City State Zip Code  
Littleton CO 80123

Purpose of Disbursement  
State Political Management

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

Transaction ID : 3A0D3CF5-43E8-48E8-9

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Mr. Kevin Shinault**

Mailing Address 175 Hillcrest Ct.

City State Zip Code  
Pilot Mountain NC 27041

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

Transaction ID : 3A1BF0E0-1FF3-488B-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. Taylor Wilson

Mailing Address 6300 terra verde dr

City Raleigh State NC Zip Code 27609

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

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

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

Amount of Each Disbursement this Period

92.72
-------

Full Name (Last, First, Middle Initial)

### B. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City Bakersville State NC Zip Code 28705

Purpose of Disbursement  
Travel reimbursement

002
Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

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

Transaction ID : 3B430607-B480-4DE3-B

Amount of Each Disbursement this Period

38.03
-------

Full Name (Last, First, Middle Initial)

### C. IRS

Mailing Address IRS

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement  
Payroll Taxes

001
Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

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

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

Amount of Each Disbursement this Period

1469.98
---------

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

1600.73
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**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. Laurie Lee**

Mailing Address 11104 Westpoint Court

City Little Rock State AR Zip Code 72211

Purpose of Disbursement  
Travel reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2014

Transaction ID : 3D2343BF-3D10-46A2-B

Amount of Each Disbursement this Period

36.00

Full Name (Last, First, Middle Initial)

**B. Mr. Mick Bransfield**

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement  
Travel reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

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

Amount of Each Disbursement this Period

99.46

Full Name (Last, First, Middle Initial)

**C. Garland Honeycutt**

Mailing Address 1081 Fork Mountain

City Bakersville State NC Zip Code 28705

Purpose of Disbursement  
Travel reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

Transaction ID : 3F567959-20E7-4479-A

Amount of Each Disbursement this Period

114.55

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

250.01

**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. Mr. Grayson Greco**

Mailing Address 115 Wyndham Way

City Wilmington State NC Zip Code 24811

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 : 3FD4E578-24E9-43A9-A

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. 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 : 3FE4CEC0-3354-43B1-A

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Time Warner Cable**

Mailing Address PO 70872

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 : 3FE50030-A4CA-40EA-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. 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 : 43B3199B-16F9-4F02-A**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. JSZ Property Management**

Mailing Address 1507 East Race

City Searcy State AR Zip Code 72143

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 : 43F26FDC-6E2E-41D8-B**

Amount of Each Disbursement this Period

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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 446B3972-3EE6-419C-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. 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 : 46318804-BAC4-465C-B

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. 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 : 4730105D-F7D5-4B7A-B

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Mr. Eric Soderstrom**

Mailing Address 148 Berry Mountain Rd

City Cramerton State NC Zip Code 28032

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : 47D4A8D9-1E38-41E9-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. Taylor Wilson**

Mailing Address 6300 terra verde dr

City Raleigh State NC Zip Code 27609

Purpose of Disbursement  
Salary

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

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

Amount of Each Disbursement this Period

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 : 493BB481-E76B-4AD7-A**

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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 4957AB2E-A4DD-467F-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. Mr. Kevin Shinault**

Mailing Address 175 Hillcrest Ct.

City Pilot Mountain State NC Zip Code 27041

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 : 497C5D98-D517-465D-9

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Mr. Kevin Shinault**

Mailing Address 175 Hillcrest Ct.

City Pilot Mountain State NC Zip Code 27041

Purpose of Disbursement  
Salary

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : 4982AEF1-F21D-4A06-9

Amount of Each Disbursement this Period

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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : 4A266A6F-4C08-473D-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. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement  
Travel reimbursement

001  
 002  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

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

Amount of Each Disbursement this Period

9.05

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

001  
 002  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2014

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

Amount of Each Disbursement this Period

4.28

Full Name (Last, First, Middle Initial)

### C. Merrill Lynch

Mailing Address 100 E Pratt St 22nd Floor

City Baltimore State MD Zip Code 21202

Purpose of Disbursement  
Loss on stock donation

001  
 002  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2014

Transaction ID : 4C7FE74D-C5E4-4A43-9

Amount of Each Disbursement this Period

1236.46

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

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

1249.79



**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. Mr. Grayson Greco**

Mailing Address 115 Wyndham Way

City State Zip Code  
Wilmington NC 24811

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 : 4CA8F7FB-6399-49DC-8

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. David Hostetler**

Mailing Address 215 N Main St

City State Zip Code  
Belmont NC 28012

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 : 4D8B5E8D-EBE0-4E59-A

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Tami Fitzgerald**

Mailing Address 109 Carpathian Way

City State Zip Code  
Raleigh NC 27615

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

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

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. C&K Properties**

Mailing Address 6350 Cephis Drive

City Clemmons State NC Zip Code 27012

Purpose of Disbursement Rent

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 23 / 2014

Transaction ID : 4E7B8DB0-76FE-4398-B

Amount of Each Disbursement this Period: 995.00

Category/Type: 001

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 25 / 2014

Transaction ID : 4F0997F5-1529-4CA4-A

Amount of Each Disbursement this Period: 68.25

Category/Type: 001

Full Name (Last, First, Middle Initial)

**C. Mr. Francisco Gonzales**

Mailing Address 3461 HWY 39

City Braithwaite State LA Zip Code 70040

Purpose of Disbursement Travel reimbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 08 / 2014

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

Amount of Each Disbursement this Period: 38.54

Category/Type: 002

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1101.79

**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. Mr. Kevin Shinault**

Mailing Address 175 Hillcrest Ct.

City Pilot Mountain State NC Zip Code 27041

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 : 50C6C480-CDF8-46D4-8**

Amount of Each Disbursement this Period

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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 5120F9DA-2F36-4592-A**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Regina Wilson**

Mailing Address 2020 Hinson Loop road

City Little Rock State AR Zip Code 72212

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 51216AAC-D35D-48EB-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. Garland Honeycutt**

Mailing Address 1081 Fork Mountain

City Bakersville State NC Zip Code 28705

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 : 51B94008-01A4-4CDD-9

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Ms. Marie Guillot**

Mailing Address 207 N Demanade Blvd

City Lafayette State LA Zip Code 70503

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 : 521AC3BE-D0C7-4A84-9

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Mr. Eric Soderstrom**

Mailing Address 148 Berry Mountain Rd

City Cramerton State NC Zip Code 28032

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : 5268DE6D-B775-4733-8

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. Regina Wilson**

Mailing Address 2020 Hinson Loop road

City Little Rock State AR Zip Code 72212

Purpose of Disbursement  
Salary

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

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

Transaction ID : 52835D4C-AF07-4673-8

Amount of Each Disbursement this Period

893.93

Full Name (Last, First, Middle Initial)

**B. Tami Fitzgerald**

Mailing Address 109 Carpathian Way

City Raleigh State NC Zip Code 27615

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

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

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

Amount of Each Disbursement this Period

1.23

Full Name (Last, First, Middle Initial)

**C. 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

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

Transaction ID : 583FB248-3CED-4B41-B

Amount of Each Disbursement this Period

68.25

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

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

963.41

**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. Mr. Eric Soderstrom**

Mailing Address 148 Berry Mountain Rd

City Cramerton State NC Zip Code 28032

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 : 58CD9181-EB33-497A-9**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Patrice Wolfe**

Mailing Address 9909 Treasure Hill Rd

City Little Rock State AR Zip Code 72205

Purpose of Disbursement  
Salary

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Garland Honeycutt**

Mailing Address 1081 Fork Mountain

City Bakersville State NC Zip Code 28705

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 5957235A-7A46-4C29-9**

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. Mr. Mick Bransfield**

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement  
National Field Management

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 59962509-A46F-4FCC-9**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Joanne Filiatreau**

Mailing Address 3 Putter Cove

City Sherwood State AR Zip Code 72120

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 : 5BDA5C81-C123-4B8F-A**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Mary Katherine Collins**

Mailing Address 15 1/2 Magnolia Circle

City Searcy State AR Zip Code 72143

Purpose of Disbursement  
Salary

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

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

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)  
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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. Karen Bell**

Mailing Address 1705 N Taylor St.

City Little Rock State AR Zip Code 72207

Purpose of Disbursement  
Travel reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2014

Transaction ID : 5E3B97F2-010F-442C-A

Amount of Each Disbursement this Period

18.05

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

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

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

Amount of Each Disbursement this Period

27.95

Full Name (Last, First, Middle Initial)

**C. Susan B Anthony List**

Mailing Address 1707 L St., NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Payroll Tax Expense - In Kind Donation

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2014

Transaction ID : 603BF3EE-C750-4412-9

Amount of Each Disbursement this Period

4805.50

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

4851.50

**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. Mr. Grayson Greco**

Date of Disbursement: MM / DD / YYYY  
07 / 25 / 2014

Mailing Address 115 Wyndham Way

City: Wilmington State: NC Zip Code: 24811

Purpose of Disbursement: Travel reimbursement  
Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

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

Amount of Each Disbursement this Period: 21.39

Category/Type: 002

Full Name (Last, First, Middle Initial)  
**B. IRS**

Date of Disbursement: MM / DD / YYYY  
07 / 14 / 2014

Mailing Address IRS

City: Cincinnati State: OH Zip Code: 45999

Purpose of Disbursement: Payroll Taxes  
Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

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

Amount of Each Disbursement this Period: 157.28

Category/Type: 001

Full Name (Last, First, Middle Initial)  
**C. Mr. Kevin Shinault**

Date of Disbursement: MM / DD / YYYY  
07 / 25 / 2014

Mailing Address 175 Hillcrest Ct.

City: Pilot Mountain State: NC Zip Code: 27041

Purpose of Disbursement: Travel reimbursement  
Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID : **6127667A-FD32-46EE-8**

Amount of Each Disbursement this Period: 20.55

Category/Type: 002

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 199.22

**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. Mr. Grayson Greco**

Mailing Address 115 Wyndham Way

City State Zip Code  
Wilmington NC 24811

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 : 61A545BB-7558-431C-B**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Julie Harris**

Mailing Address 3654 Tara Street

City State Zip Code  
Springdale AR 72762

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 61F278E1-7100-4389-A**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Webster, Chamberlain & Bean**

Mailing Address 1747 Pennsylvania Ave, NW

City State Zip Code  
Washington DC 20006

Purpose of Disbursement  
Legal

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 631EEF28-8258-4DAF-8**

Amount of Each Disbursement this Period

**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. Mr. Mick Bransfield**

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

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 : 6329F516-766D-4FF0-8**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Andresen Blom**

Mailing Address 101 Asbury Ct.

City Winchester State VA Zip Code 22602

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 : 63491865-C617-42B7-A**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Entergy Arkansas, Inc.**

Mailing Address PO Box 8101

City Baton Rouge State LA Zip Code 70891

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 : 638D1AC0-1F80-480F-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. Mr. Mick Bransfield**

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement  
National Field Management

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 639022ED-C045-4FA0-8**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Andresen Blom**

Mailing Address 101 Asbury Ct.

City Winchester State VA Zip Code 22602

Purpose of Disbursement  
State Field Rep Management

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 63DFF7E4-7C01-43E9-8**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Regina Wilson**

Mailing Address 2020 Hinson Loop road

City Little Rock State AR Zip Code 72212

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 63EA23C2-9CA9-4F8A-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. 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 : 63F0FDD4-A846-4901-8**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Christopher Crawford**

Mailing Address 18 Fairhaven road

City Nashua State NH Zip Code 03060

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 642606C2-5364-4D39-8**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Tami Fitzgerald**

Mailing Address 109 Carpathian Way

City Raleigh State NC Zip Code 27615

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 : 6469A4C5-8D32-4BCC-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. Mr. Kevin Shinault**

Mailing Address 175 Hillcrest Ct.

City Pilot Mountain State NC Zip Code 27041

Purpose of Disbursement  
Travel reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

Transaction ID : 64835025-F038-497E-8

Amount of Each Disbursement this Period

180.00

Full Name (Last, First, Middle Initial)

**B. Regina Wilson**

Mailing Address 2020 Hinson Loop road

City Little Rock State AR Zip Code 72212

Purpose of Disbursement  
Travel reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 04 / 2014

Transaction ID : 65EC663C-F8A7-4B8D-9

Amount of Each Disbursement this Period

47.87

Full Name (Last, First, Middle Initial)

**C. IRS**

Mailing Address IRS

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement  
Payroll Taxes

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 11 / 2014

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

Amount of Each Disbursement this Period

9.00

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

236.87

**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. Mr. Kevin Shinault**

Mailing Address 175 Hillcrest Ct.

City Pilot Mountain State NC Zip Code 27041

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  
07 / 25 / 2014

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

Amount of Each Disbursement this Period

7.35

Full Name (Last, First, Middle Initial)

**B. IRS**

Mailing Address IRS

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement  
Payroll Taxes

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

Transaction ID : 66A60593-CD68-4354-B

Amount of Each Disbursement this Period

12259.41

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

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

Transaction ID : 670FC379-7520-4893-A

Amount of Each Disbursement this Period

7.09

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

12273.85

**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. Emily Buchanan**

Mailing Address 1707 L St, NW  
Suite 550

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 681AEAEF-C1FC-4012-B**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Mr. Mick Bransfield**

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement  
Travel reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 686A887E-FF0E-4649-B**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Hope M Miller**

Mailing Address 1966 Cherokee Street

City Baton Rouge State LA Zip Code 70806

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 686C6FBB-F5B8-4404-8**

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. Mr. Kevin Shinault**

Date of Disbursement: MM / DD / YYYY  
07 / 10 / 2014

Mailing Address 175 Hillcrest Ct.

City: Pilot Mountain, State: NC, Zip Code: 27041

Purpose of Disbursement: Travel reimbursement

Candidate Name: \_\_\_\_\_

Office Sought:  House,  Senate,  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

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

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

Amount of Each Disbursement this Period: 79.50

Category/Type: 002

Full Name (Last, First, Middle Initial)  
**B. Taylor Wilson**

Date of Disbursement: MM / DD / YYYY  
07 / 25 / 2014

Mailing Address 6300 terra verde dr

City: Raleigh, State: NC, Zip Code: 27609

Purpose of Disbursement: Travel reimbursement

Candidate Name: \_\_\_\_\_

Office Sought:  House,  Senate,  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

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

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

Amount of Each Disbursement this Period: 3.00

Category/Type: 002

Full Name (Last, First, Middle Initial)  
**C. Ms. Alexandra Doucet**

Date of Disbursement: MM / DD / YYYY  
07 / 08 / 2014

Mailing Address 73 Catalpa Trace

City: Covington, State: LA, Zip Code: 70433

Purpose of Disbursement: Travel reimbursement

Candidate Name: \_\_\_\_\_

Office Sought:  House,  Senate,  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

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

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

Amount of Each Disbursement this Period: 173.15

Category/Type: 002

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 255.65

**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. Tami Fitzgerald**

Mailing Address 109 Carpathian Way

City Raleigh State NC Zip Code 27615

Purpose of Disbursement  
Travel reimbursement

002

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2014

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

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

**B. The Carlyle Gregory Company, LLC**

Mailing Address 140 Little Falls St.  
Suite 104

City Falls Church State VA Zip Code 22046

Purpose of Disbursement  
June Consulting Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2014

Transaction ID : 6C291DE0-1F71-4C9C-A

Amount of Each Disbursement this Period

666.67

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

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 07 / 2014

Transaction ID : 6C3CFF25-5973-4B7A-B

Amount of Each Disbursement this Period

4.66

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

701.33

**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. Julie Harris**

Mailing Address 3654 Tara Street

City Springdale State AR Zip Code 72762

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 : 6C7DC61D-9CD4-42A6-8

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Susan B Anthony List**

Mailing Address 1707 L St., NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Office Expense

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Susan B Anthony List**

Mailing Address 1707 L St., NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Salaries - In Kind Donation

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : 6D8FFC02-C7C5-41DD-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. Garland Honeycutt**

Mailing Address 1081 Fork Mountain

City Bakersville State NC Zip Code 28705

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 : 6DAEF8F9-FDAE-45A8-8

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Mr. Mick Bransfield**

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Laurie Lee**

Mailing Address 11104 Westpoint Court

City Little Rock State AR Zip Code 72211

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : 6E4EA2E4-0DEC-4A02-9

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. Mr. Eric Soderstrom**

Mailing Address 148 Berry Mountain Rd

City Cramerton State NC Zip Code 28032

Purpose of Disbursement  
Travel reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

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

Amount of Each Disbursement this Period

21.68
-------

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

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

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

Amount of Each Disbursement this Period

12.95
-------

Full Name (Last, First, Middle Initial)

**C. PayChex**

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement  
Payroll Processing

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

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

Amount of Each Disbursement this Period

110.61
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

145.24
--------

**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. Garland Honeycutt**

Mailing Address 1081 Fork Mountain

City Bakersville State NC Zip Code 28705

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 : 73D34E5C-137F-4241-B

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Karen Bell**

Mailing Address 1705 N Taylor St.

City Little Rock State AR Zip Code 72207

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 : 74A2B689-4D14-4B58-B

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Mr. Kevin Shinault**

Mailing Address 175 Hillcrest Ct.

City Pilot Mountain State NC Zip Code 27041

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 : 75625A8C-82CB-4407-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. Discount Bankcard**

Mailing Address 21215 Burbank Blvd  
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement  
Credit Card Processing

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2014

Transaction ID : 7853D6DB-8B8B-40AC-8

Amount of Each Disbursement this Period

18.43

Full Name (Last, First, Middle Initial)

**B. Michelle Rickert**

Mailing Address 710 St. Martins Lane

City Bossier City State LA Zip Code 71111

Purpose of Disbursement  
Travel reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

Transaction ID : 7977D26C-CF01-4513-A

Amount of Each Disbursement this Period

105.23

Full Name (Last, First, Middle Initial)

**C. Julie Harris**

Mailing Address 3654 Tara Street

City Springdale State AR Zip Code 72762

Purpose of Disbursement  
Travel reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 08 / 2014

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

Amount of Each Disbursement this Period

107.37

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

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

231.03

**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. Mr. Mick Bransfield**

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

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 : 7BCE7F25-37E5-4796-A

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Michelle Rickert**

Mailing Address 710 St. Martins Lane

City Bossier City State LA Zip Code 71111

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : 7DA38ABF-5A34-4CA3-8

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. NC Department of Revenue**

Mailing Address PO Box 25000

City Raleigh State NC Zip Code 27640

Purpose of Disbursement  
Payroll taxes

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : 7E6BF888-24FF-458E-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. 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 : 7E9BF3FE-6F7D-48DE-9**

Amount of Each Disbursement this Period

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**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Mr. Kevin Shinault**

Mailing Address 175 Hillcrest Ct.

City Pilot Mountian State NC Zip Code 27041

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 : 7F81F676-4106-4C28-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. Laurie Lee**

Mailing Address 11104 Westpoint Court

City Little Rock State AR Zip Code 72211

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 : 8133CDC7-5119-4ACC-B**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Ms. Marie Guillot**

Mailing Address 207 N Demanade Blvd

City Lafayette State LA Zip Code 70503

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 : 81B395D4-EC65-4FEF-9**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Mr. Grayson Greco**

Mailing Address 115 Wyndham Way

City Wilmington State NC Zip Code 24811

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 : 82404C78-C44D-46DC-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. MTOT Disc Bankcard

Mailing Address 21215 Burbank Blvd  
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement  
Credit Card Processing

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : 8301596F-98C1-4712-8

Amount of Each Disbursement this Period

143.60
--------

Full Name (Last, First, Middle Initial)

### B. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement  
Travel reimbursement

002

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

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

Amount of Each Disbursement this Period

9.90
------

Full Name (Last, First, Middle Initial)

### C. IRS

Mailing Address IRS

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement  
Payroll Taxes

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

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

Amount of Each Disbursement this Period

5.40
------

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

158.90
--------

**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. Mary Katherine Collins**

Mailing Address 15 1/2 Magnolia Circle

City Searcy State AR Zip Code 72143

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 : 85957308-C511-4757-B**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Mr. Eric Soderstrom**

Mailing Address 148 Berry Mountain Rd

City Cramerton State NC Zip Code 28032

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 : 85F22B06-CD08-45E1-A**

Amount of Each Disbursement this Period

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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 85F9A9E8-66BE-4AA2-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. 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 : 87D4B623-F80F-40C7-B**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Tami Fitzgerald**

Mailing Address 109 Carpathian Way

City Raleigh State NC Zip Code 27615

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

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

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

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

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

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. Karen Bell**

Mailing Address 1705 N Taylor St.

City Little Rock State AR Zip Code 72207

Purpose of Disbursement  
Travel reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2014

Transaction ID : 886DEB13-7780-4FB1-B

Amount of Each Disbursement this Period

22.00

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2014

Transaction ID : 88E556FE-3839-4B28-8

Amount of Each Disbursement this Period

19.24

Full Name (Last, First, Middle Initial)

**C. Laurie Lee**

Mailing Address 11104 Westpoint Court

City Little Rock State AR Zip Code 72211

Purpose of Disbursement  
State Field Rep Management

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2014

Transaction ID : 89028DDD-66D2-462E-B

Amount of Each Disbursement this Period

6000.00

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

6041.24

**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  
Payroll Taxes

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Mary Katherine Collins**

Mailing Address 15 1/2 Magnoila Circle

City Searcy State AR Zip Code 72143

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 89AF262E-64FF-471C-B**

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  
National Field Management

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

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

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. Regina Wilson**

Date of Disbursement: MM / DD / YYYY  
07 / 04 / 2014

Mailing Address 2020 Hinson Loop road

City Little Rock State AR Zip Code 72212

Purpose of Disbursement: Travel reimbursement  
Candidate Name: \_\_\_\_\_  
Category/Type: 002

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

Transaction ID : **8B034C7E-9C7E-4923-9**

Amount of Each Disbursement this Period: 142.91

Full Name (Last, First, Middle Initial)  
**B. Mr. Kevin Shinault**

Date of Disbursement: MM / DD / YYYY  
07 / 25 / 2014

Mailing Address 175 Hillcrest Ct.

City Pilot Mountian State NC Zip Code 27041

Purpose of Disbursement: Travel reimbursement  
Candidate Name: \_\_\_\_\_  
Category/Type: 002

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

Transaction ID : **8B86DF3F-F437-445E-B**

Amount of Each Disbursement this Period: 38.42

Full Name (Last, First, Middle Initial)  
**C. Taylor Wilson**

Date of Disbursement: MM / DD / YYYY  
07 / 25 / 2014

Mailing Address 6300 terra verde dr

City Raleigh State NC Zip Code 27609

Purpose of Disbursement: Travel reimbursement  
Candidate Name: \_\_\_\_\_  
Category/Type: 002

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

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

Amount of Each Disbursement this Period: 9.72

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 191.05

**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. 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 : 8E5F84E1-6A82-4426-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  
Payroll Taxes

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

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

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  
Salary

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 904AA77F-E43E-4ABD-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. Mr. Kevin Shinault**

Mailing Address 175 Hillcrest Ct.

City Pilot Mountain State NC Zip Code 27041

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  
07 / 25 / 2014

Transaction ID : 91BE0F59-C42A-4315-8

Amount of Each Disbursement this Period

19.29

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

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2014

Transaction ID : 92420C2C-B828-4ACB-8

Amount of Each Disbursement this Period

0.48

Full Name (Last, First, Middle Initial)

**C. Mary Katherine Collins**

Mailing Address 15 1/2 Magnolia Circle

City Searcy State AR Zip Code 72143

Purpose of Disbursement  
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  
07 / 25 / 2014

Transaction ID : 92439AC1-3140-441E-9

Amount of Each Disbursement this Period

39.42

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

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

59.19

**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. Jay Canella**

Mailing Address 3914 Lake Sherwood Ave

City East Batoun Rouge State LA Zip Code 70816

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

/  /

**Transaction ID : 929D7968-693C-4915-B**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Mr. Eric Soderstrom**

Mailing Address 148 Berry Mountian Rd

City Cramerton State NC Zip Code 28032

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 : 92C724EE-D31F-4D32-9**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Mr. Grayson Greco**

Mailing Address 115 Wyndham Way

City Wilmington State NC Zip Code 24811

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 : 92EA74BA-215A-429D-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. Ms. Alexandra Doucet**

Mailing Address 73 Catalpa Trace

City Covington State LA Zip Code 70433

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 : 936D388B-4EE5-4DF3-A

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Mr. Kevin Shinault**

Mailing Address 175 Hillcrest Ct.

City Pilot Mountain State NC Zip Code 27041

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 : 9395E2DD-8397-4FB7-B

Amount of Each Disbursement this Period

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

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : 9398FD80-0E6C-4CC8-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. Douglas Young**

Mailing Address 65 Crimson Laurel Way

City Bakersville State NC Zip Code 28705

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 : 946D9126-A83B-4C70-8**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Mr. Eric Soderstrom**

Mailing Address 148 Berry Mountian Rd

City Cramerton State NC Zip Code 28032

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 : 947D50A2-77C6-4EBC-9**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Julie Harris**

Mailing Address 3654 Tara Street

City Springdale State AR Zip Code 72762

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 958DC6D2-6BA1-494E-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. Karen Bell**

Mailing Address 1705 N Taylor St.

City Little Rock State AR Zip Code 72207

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  
07 / 03 / 2014

Transaction ID : 95E7CFEA-F36C-4AA7-B

Amount of Each Disbursement this Period

127.60

Full Name (Last, First, Middle Initial)

**B. Mr. Kevin Shinault**

Mailing Address 175 Hillcrest Ct.

City Pilot Mountain State NC Zip Code 27041

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  
07 / 25 / 2014

Transaction ID : 95FF2864-208B-40B2-8

Amount of Each Disbursement this Period

31.89

Full Name (Last, First, Middle Initial)

**C. Marjorie Dannenfelser**

Mailing Address 1707 L St, NW  
Suite 350

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Salary

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

Transaction ID : 96611F80-D122-4040-8

Amount of Each Disbursement this Period

1174.52

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

1334.01

**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  
Payroll Taxes

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : 96C04B2C-0C25-4DFD-A

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Mr. Kevin Shinault**

Mailing Address 175 Hillcrest Ct.

City Pilot Mountain State NC Zip Code 27041

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 : 98C57014-5EA8-4609-B

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. 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 : 9A842DCE-CF51-4704-9

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. Authorize.Net**

Mailing Address PO Box 947

City American Fork State UT Zip Code 84003

Purpose of Disbursement  
Credit Card Processing

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2014

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

Amount of Each Disbursement this Period

50.10

Full Name (Last, First, Middle Initial)

**B. Julie Harris**

Mailing Address 3654 Tara Street

City Springdale State AR Zip Code 72762

Purpose of Disbursement  
Travel reimbursement

002

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

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

Amount of Each Disbursement this Period

5.48

Full Name (Last, First, Middle Initial)

**C. Garland Honeycutt**

Mailing Address 1081 Fork Mountain

City Bakersville State NC Zip Code 28705

Purpose of Disbursement  
Travel reimbursement

002

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

Transaction ID : 9B97037C-3054-4092-8

Amount of Each Disbursement this Period

46.11

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

101.69

**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. Taylor Wilson

Mailing Address 6300 terra verde dr

City Raleigh State NC Zip Code 27609

Purpose of Disbursement  
Travel reimbursement

001  
 002  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

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

Amount of Each Disbursement this Period

5.22

Full Name (Last, First, Middle Initial)

### B. Mr. Eric Soderstrom

Mailing Address 148 Berry Mountian Rd

City Cramerton State NC Zip Code 28032

Purpose of Disbursement  
Travel reimbursement

001  
 002  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

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

Amount of Each Disbursement this Period

31.44

Full Name (Last, First, Middle Initial)

### C. Mr. Grayson Greco

Mailing Address 115 Wyndham Way

City Wilmington State NC Zip Code 24811

Purpose of Disbursement  
Travel reimbursement

001  
 002  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : 9D569AE2-4EA7-46E0-B

Amount of Each Disbursement this Period

384.45

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

421.11

**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. Bamberger, Foreman, Oswald & Hahn, LLP**

Mailing Address PO Box 657

City Evansville State IN Zip Code 47704

Purpose of Disbursement  
Legal

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : 9D63E341-4637-4D99-B

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Mr. Mick Bransfield**

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Ms. Ruth Wisher**

Mailing Address 515 Gardere Lane  
Apt 215

City Baton Rouge State LA Zip Code 70820

Purpose of Disbursement  
Salary

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : A007E2AB-B953-413A-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. 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

MM / DD / YYYY  
07 / 18 / 2014

Transaction ID : A06D9EEC-5363-4A3A-8

Amount of Each Disbursement this Period

240.67

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

Transaction ID : A15FFA85-C29C-40AA-B

Amount of Each Disbursement this Period

50.28

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

MM / DD / YYYY  
07 / 25 / 2014

Transaction ID : A1E233B1-692A-463C-B

Amount of Each Disbursement this Period

214.29

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

505.24

**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. Tami Fitzgerald**

Mailing Address 109 Carpathian Way

City Raleigh State NC Zip Code 27615

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 : A334C70E-DC27-4E9B-B**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Julie Harris**

Mailing Address 3654 Tara Street

City Springdale State AR Zip Code 72762

Purpose of Disbursement  
Travel reimbursement

**002**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Mr. Francisco Gonzales**

Mailing Address 3461 HWY 39

City Braithwaite State LA Zip Code 70040

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 : A56C4218-B31D-4CB1-9**

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) <b>A. Christopher Crawford</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2014
Mailing Address 18 Fairhaven road		<b>Transaction ID : A6A6101A-8BE2-4AF9-A</b>
City Nashua	State NH	
Purpose of Disbursement Travel reimbursement	Candidate Name	Amount of Each Disbursement this Period 90.78
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type 002	

Full Name (Last, First, Middle Initial) <b>B. Christopher Crawford</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2014
Mailing Address 18 Fairhaven road		<b>Transaction ID : A836AFD7-1397-42F9-8</b>
City Nashua	State NH	
Purpose of Disbursement Travel reimbursement	Candidate Name	Amount of Each Disbursement this Period 20.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type 002	

Full Name (Last, First, Middle Initial) <b>C. Mr. Mick Bransfield</b>		Date of Disbursement MM / DD / YYYY 07 / 18 / 2014
Mailing Address 12720 Builders Rd		<b>Transaction ID : A84EAFE5-9B57-471A-9</b>
City Herndon	State VA	
Purpose of Disbursement Travel reimbursement	Candidate Name	Amount of Each Disbursement this Period 16.36
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	Category/Type 002	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	127.14
<b>TOTAL</b> 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. Mr. Mick Bransfield**

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

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 : **A8A7B420-F841-4A4F-A**

Amount of Each Disbursement this Period

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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **A8CABC79-1226-4359-8**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Mr. Kevin Shinault**

Mailing Address 175 Hillcrest Ct.

City Pilot Mountain State NC Zip Code 27041

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 : **A8FC28C3-848D-4FAF-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. Taylor Wilson**

Mailing Address 6300 terra verde dr

City Raleigh State NC Zip Code 27609

Purpose of Disbursement  
Travel reimbursement

002

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	4

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

Amount of Each Disbursement this Period

4	.	8	6
---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Christopher Crawford**

Mailing Address 18 Fairhaven road

City Nashua State NH Zip Code 03060

Purpose of Disbursement  
Travel reimbursement

002

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	4

Transaction ID : AA12C66E-E71D-44DB-A

Amount of Each Disbursement this Period

4	8	.	6	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Bamberger, Foreman, Oswald & Hahn, LLP**

Mailing Address PO Box 657

City Evansville State IN Zip Code 47704

Purpose of Disbursement  
Legal

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : AB0BC9E0-A3ED-4420-9

Amount of Each Disbursement this Period

1	2	2	.	3	8
---	---	---	---	---	---

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

1	2	7	.	8	4
---	---	---	---	---	---

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

1	2	7	.	8	4
---	---	---	---	---	---

**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. Sudden Link Business Office**

Mailing Address 1820 S SW Loop 323

City Tyler State TX Zip Code 75701

Purpose of Disbursement  
Office Expense

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2014

Transaction ID : ABEB3747-39DF-4043-8

Amount of Each Disbursement this Period

544.95

Full Name (Last, First, Middle Initial)

**B. Susan B Anthony List**

Mailing Address 1707 L St., NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
List Rental - In Kind Donation

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2014

Transaction ID : ABFBF488-EA8B-47D6-9

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

**C. Mr. Kevin Shinault**

Mailing Address 175 Hillcrest Ct.

City Pilot Mountain State NC Zip Code 27041

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  
07 / 25 / 2014

Transaction ID : AC560991-F172-44A7-A

Amount of Each Disbursement this Period

20.40

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

20565.35

**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

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 07 / 2014

Transaction ID : AD447B2E-95E3-4C3A-A

Amount of Each Disbursement this Period

0.48

Full Name (Last, First, Middle Initial)

**B. Mr. Kevin Shinault**

Mailing Address 175 Hillcrest Ct.

City Pilot Mountain State NC Zip Code 27041

Purpose of Disbursement  
Travel reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

Transaction ID : ADEB8AE6-C84D-4286-B

Amount of Each Disbursement this Period

8.01

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

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2014

Transaction ID : AEF8F742-D7B2-41C2-9

Amount of Each Disbursement this Period

16.00

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

24.49

**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. Mary Katherine Collins**

Mailing Address 15 1/2 Magnolia Circle

City Searcy State AR Zip Code 72143

Purpose of Disbursement  
Travel reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : B0EFEA8B-E39B-4B2C-A

Amount of Each Disbursement this Period

30.00
-------

Full Name (Last, First, Middle Initial)

**B. Bamberger, Foreman, Oswald & Hahn, LLP**

Mailing Address PO Box 657

City Evansville State IN Zip Code 47704

Purpose of Disbursement  
Legal

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : B114FA37-682A-4062-A

Amount of Each Disbursement this Period

1222.38
---------

Full Name (Last, First, Middle Initial)

**C. Mr. Kevin Shinault**

Mailing Address 175 Hillcrest Ct.

City Pilot Mountain State NC Zip Code 27041

Purpose of Disbursement  
Travel reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

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

Amount of Each Disbursement this Period

8.88
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1261.26
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**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**

**A. Christopher Crawford**

Full Name (Last, First, Middle Initial)

Mailing Address 18 Fairhaven road

City Nashua State NH Zip Code 03060

Purpose of Disbursement Travel reimbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 07 / 25 / 2014

Transaction ID : B203123A-9C77-4915-8

Amount of Each Disbursement this Period 23.50

Category/Type 002

**B. Mr. Mick Bransfield**

Full Name (Last, First, Middle Initial)

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement Travel reimbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 07 / 18 / 2014

Transaction ID : B3B64A72-45EA-4E8B-A

Amount of Each Disbursement this Period 16.00

Category/Type 002

**C. Taylor Wilson**

Full Name (Last, First, Middle Initial)

Mailing Address 6300 terra verde dr

City Raleigh State NC Zip Code 27609

Purpose of Disbursement Travel reimbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 07 / 23 / 2014

Transaction ID : B3CD3482-5F7C-4349-8

Amount of Each Disbursement this Period 505.64

Category/Type 002

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 545.14

**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. Mr. Mick Bransfield**

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

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 : B537CF80-9536-42CE-A

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Susan B Anthony List**

Mailing Address 1707 L St., NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Office Expense - In Kind Donation

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : B5B270E4-BA35-4DD9-B

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. DC Unemployment Services**

Mailing Address 501 C St. NW #501

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Payroll Taxes

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : B672A2C0-5EDA-4B12-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. Highway 10 Office Park, LLC**

Mailing Address 1 Allied Drive  
Suite 1500

City Little Rock State AR Zip Code 72202

Purpose of Disbursement  
Rent

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **B696C24F-62AE-43FF-B**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Jennifer Gross**

Mailing Address 1707 L St, NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Salary

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **B69D00F4-5E9E-481D-9**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Deluxe Business Products**

Mailing Address PO Box 1186

City Lancaster State CA Zip Code 93584

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **B77EC310-DB4D-45F2-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. 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 : B7BE8860-BD7C-4E0D-B**

Amount of Each Disbursement this Period

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

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : B7DC94E1-06DC-494D-8**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. The Carlyle Gregory Company, LLC**

Mailing Address 140 Little Falls St.  
Suite 104

City Falls Church State VA Zip Code 22046

Purpose of Disbursement  
June Consulting Fee

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : B882EC1D-F595-486C-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. 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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

Transaction ID : B9B8996C-D663-40F9-9

Amount of Each Disbursement this Period

19.60

Full Name (Last, First, Middle Initial)

**B. Marilyn J Filiatreau**

Mailing Address 3 Putter Cove

City Sherwood State AR Zip Code 72120

Purpose of Disbursement  
Salary

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

Transaction ID : BBF695C4-9F27-48E1-8

Amount of Each Disbursement this Period

1750.33

Full Name (Last, First, Middle Initial)

**C. Paul Rickert**

Mailing Address 710 St. Martins Lane

City Bossier City State LA Zip Code 71111

Purpose of Disbursement  
Travel reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2014

Transaction ID : BEDE36DC-E804-4EB3-8

Amount of Each Disbursement this Period

111.56

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

1881.49

**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. 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 : C0A4B837-E221-4720-B

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Mr. Mick Bransfield**

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Ms. Marie Guillot**

Mailing Address 207 N Demanade Blvd

City Lafayette State LA Zip Code 70503

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 : C11C4BAB-1542-4FA6-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. Tami Fitzgerald**

Mailing Address 109 Carpathian Way

City Raleigh State NC Zip Code 27615

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

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

**Transaction ID : C24E27D0-D963-43B5-8**

Amount of Each Disbursement this Period

248.12

Full Name (Last, First, Middle Initial)

**B. Garland Honeycutt**

Mailing Address 1081 Fork Mountain

City Bakersville State NC Zip Code 28705

Purpose of Disbursement  
Salary

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

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

**Transaction ID : C2F004D4-6A6E-49C9-8**

Amount of Each Disbursement this Period

2248.44

Full Name (Last, First, Middle Initial)

**C. IRS**

Mailing Address IRS

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement  
Payroll Taxes

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

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

**Transaction ID : C35509D1-7254-4FE6-8**

Amount of Each Disbursement this Period

1235.74

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

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

3732.30

**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  
Payroll Taxes

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2014

**Transaction ID : C36DABBA-BF50-4257-B**

Amount of Each Disbursement this Period

182.58

Full Name (Last, First, Middle Initial)

**B. LA Department of Taxation**

Mailing Address PO Box 201

City Baton Rouge State LA Zip Code 70802

Purpose of Disbursement  
Payroll Taxes

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

**Transaction ID : C38E4988-7904-4E78-8**

Amount of Each Disbursement this Period

343.00

Full Name (Last, First, Middle Initial)

**C. Karen Bell**

Mailing Address 1705 N Taylor St.

City Little Rock State AR Zip Code 72207

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

MM / DD / YYYY  
07 / 03 / 2014

**Transaction ID : C4A641E6-1488-4B38-A**

Amount of Each Disbursement this Period

13.98

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

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

539.56

**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  
Payroll Taxes

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : C5418614-CD92-4C09-9**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Mr. Kevin Shinault**

Mailing Address 175 Hillcrest Ct.

City Pilot Mountain State NC Zip Code 27041

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 : C6391420-A677-4480-9**

Amount of Each Disbursement this Period

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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : C6E14FF5-8E12-4711-9**

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. DC Unemployment Services**

Mailing Address 501 C St. NW #501

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Payroll Taxes

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : C931D503-8486-4B96-8**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Julie Harris**

Mailing Address 3654 Tara Street

City Springdale State AR Zip Code 72762

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : C951851D-EB7D-40E3-B**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Laurie Lee**

Mailing Address 11104 Westpoint Court

City Little Rock State AR Zip Code 72211

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : C95DD916-2707-44CC-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) <b>A. Mary Katherine Collins</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2014
Mailing Address 15 1/2 Magnolia Circle		<b>Transaction ID : C98D60F7-F4ED-4644-9</b>
City Searcy State AR Zip Code 72143	Amount of Each Disbursement this Period 24.08	
Purpose of Disbursement Travel reimbursement	Candidate Name	Category/ Type 002
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>B. Tami Fitzgerald</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2014
Mailing Address 109 Carpathian Way		<b>Transaction ID : CAF6F2FC-3A6E-4604-8</b>
City Raleigh State NC Zip Code 27615	Amount of Each Disbursement this Period 147.02	
Purpose of Disbursement Travel reimbursement	Candidate Name	Category/ Type 002
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ursula Anderson</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2014
Mailing Address 210 Cooper Drive		<b>Transaction ID : CCCDC121-FAB6-42ED-B</b>
City Lafayette State LA Zip Code 70501	Amount of Each Disbursement this Period 1385.25	
Purpose of Disbursement Salary	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1556.35
<b>TOTAL</b> 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. PayChex**

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement Payroll Processing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 11 / 2014

Transaction ID : CDD37024-128D-4728-B

Amount of Each Disbursement this Period: 168.27

Category/Type: 001

Full Name (Last, First, Middle Initial)

**B. Mr. Eric Soderstrom**

Mailing Address 148 Berry Mountian Rd

City Cramerton State NC Zip Code 28032

Purpose of Disbursement Travel reimbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 18 / 2014

Transaction ID : CE2FFEC5-3508-427A-A

Amount of Each Disbursement this Period: 35.67

Category/Type: 002

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 10 / 2014

Transaction ID : CE5A5212-96CF-40CE-A

Amount of Each Disbursement this Period: 312.50

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 516.44

**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. Tami Fitzgerald**

Mailing Address 109 Carpathian Way

City Raleigh State NC Zip Code 27615

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 : CF43462A-602B-44A3-B

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Tami Fitzgerald**

Mailing Address 109 Carpathian Way

City Raleigh State NC Zip Code 27615

Purpose of Disbursement  
Salary

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : CFD4A9DA-EC86-4B27-8

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 : D00111AA-0A21-46E6-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. Mr. Eric Soderstrom**

Mailing Address 148 Berry Mountain Rd

City Cramerton State NC Zip Code 28032

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 : D16A6A04-929B-4499-8**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Garland Honeycutt**

Mailing Address 1081 Fork Mountain

City Bakersville State NC Zip Code 28705

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D4425035-43CE-4702-9**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Michelle Rickert**

Mailing Address 710 St. Martins Lane

City Bossier City State LA Zip Code 71111

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D4BC7F4D-3F54-4414-9**

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. Mr. Grayson Greco**

Mailing Address 115 Wyndham Way

City State Zip Code  
Wilmington NC 24811

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 : D5195900-7282-4C6B-8**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Mr. Mick Bransfield**

Mailing Address 12720 Builders Rd

City State Zip Code  
Herndon VA 20170

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D5369F69-B46E-4D7C-B**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Mr. Mick Bransfield**

Mailing Address 12720 Builders Rd

City State Zip Code  
Herndon VA 20170

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D6C15C11-218A-400D-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. Mr. Mick Bransfield**

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement  
Travel reimbursement

001  
 **002**  
Category/  
Type

Candidate Name

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

Date of Disbursement

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

Transaction ID : D71BE4CB-CBD4-4560-A

Amount of Each Disbursement this Period

22.56

Full Name (Last, First, Middle Initial)

**B. Mr. Eric Soderstrom**

Mailing Address 148 Berry Mountian Rd

City Cramerton State NC Zip Code 28032

Purpose of Disbursement  
Travel reimbursement

001  
 **002**  
Category/  
Type

Candidate Name

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

Date of Disbursement

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

Transaction ID : D7A02836-7196-42E8-A

Amount of Each Disbursement this Period

5.05

Full Name (Last, First, Middle Initial)

**C. Paul Rickert**

Mailing Address 710 St. Martins Lane

City Bossier City State LA Zip Code 71111

Purpose of Disbursement  
Travel reimbursement

001  
 **002**  
Category/  
Type

Candidate Name

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

Date of Disbursement

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

Transaction ID : D7FC2740-FFAB-41A8-8

Amount of Each Disbursement this Period

41.80

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

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

69.41

**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. Mr. Robert Clapper**

Mailing Address 924 French St.

City State Zip Code  
New Orleans LA 70124

Purpose of Disbursement  
Salary

**001**

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : D847748A-DAC0-41C3-9**

Amount of Each Disbursement this Period

2270.75

Full Name (Last, First, Middle Initial)

**B. Mr. Eric Soderstrom**

Mailing Address 148 Berry Mountain Rd

City State Zip Code  
Cramerton NC 28032

Purpose of Disbursement  
Travel reimbursement

**002**

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

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

Amount of Each Disbursement this Period

13.87

Full Name (Last, First, Middle Initial)

**C. Karen Bell**

Mailing Address 1705 N Taylor St.

City State Zip Code  
Little Rock AR 72207

Purpose of Disbursement  
Travel reimbursement

**002**

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

**Transaction ID : D8BD1972-2FB2-4CFD-B**

Amount of Each Disbursement this Period

17.54

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

2302.16

**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. Mr. Kevin Shinault**

Mailing Address 175 Hillcrest Ct.

City Pilot Mountain State NC Zip Code 27041

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 : D8BEF3C4-9270-4D66-A

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Mr. Eric Soderstrom**

Mailing Address 148 Berry Mountain Rd

City Cramerton State NC Zip Code 28032

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 : D8D00A6C-352A-41EA-9

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Mary Katherine Collins**

Mailing Address 15 1/2 Magnolia Circle

City Searcy State AR Zip Code 72143

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : D92B88BD-9A69-405A-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. Mr. Grayson Greco**

Mailing Address 115 Wyndham Way

City Wilmington State NC Zip Code 24811

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 : D97152AD-EB7D-4EBF-9

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Centrex Properties**

Mailing Address 4040 Ed Drive  
Suite 210

City Raleigh State NC Zip Code 27607

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 : DAB22139-CF31-4703-B

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Ms. Alexandra Doucet**

Mailing Address 73 Catalpa Trace

City Covington State LA Zip Code 70433

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 : DB2AC732-2A0D-49B2-9

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. Beene Office Park, LLC**

Mailing Address 2250 Hospital Drive  
Suite 220

City Bossier City State LA Zip Code 71111

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 : **DBBE6467-3BA6-4D19-B**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Mr. Francisco Gonzales**

Mailing Address 3461 HWY 39

City Braithwaite State LA Zip Code 70040

Purpose of Disbursement  
Salary

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **DBE934FE-F935-4E64-9**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Webster, Chamberlain & Bean**

Mailing Address 1747 Pennsylvania Ave, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Legal

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : **DC68E779-7C50-4F98-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. Ms. Ruth Wisher**

Mailing Address 515 Gardere Lane  
Apt 215

City Baton Rouge State LA Zip Code 70820

Purpose of Disbursement  
Travel reimbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**002**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : DD0F0601-DE55-45D3-9**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Mr. Mick Bransfield**

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement  
National Field Management

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : DDD5B983-E9A8-4058-8**

Amount of Each Disbursement this Period

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

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : DE47F73E-4AB2-4A8A-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. Mr. Eric Soderstrom**

Mailing Address 148 Berry Mountain Rd

City Cramerton State NC Zip Code 28032

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  
07 / 25 / 2014

Transaction ID : DF8653DF-C9A6-44B3-8

Amount of Each Disbursement this Period

64.04

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  
07 / 25 / 2014

Transaction ID : DFBF60AD-CE80-4BF1-B

Amount of Each Disbursement this Period

70.19

Full Name (Last, First, Middle Initial)

**C. Tami Fitzgerald**

Mailing Address 109 Carpathian Way

City Raleigh State NC Zip Code 27615

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  
07 / 25 / 2014

Transaction ID : E1B05E6B-3476-484D-9

Amount of Each Disbursement this Period

195.05

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

329.28

**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) <b>A. Mary Katherine Collins</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2014	
Mailing Address 15 1/2 Magnolia Circle		<b>Transaction ID : E36F021C-8D47-4F44-8</b>	
City Searcy State AR Zip Code 72143	Purpose of Disbursement Travel reimbursement	Category/ Type 002	Amount of Each Disbursement this Period 11.61
Candidate Name			Amount of Each Disbursement this Period 11.61
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period 11.61

Full Name (Last, First, Middle Initial) <b>B. Mr. Mick Bransfield</b>		Date of Disbursement MM / DD / YYYY 07 / 18 / 2014	
Mailing Address 12720 Builders Rd		<b>Transaction ID : E39DE5A9-162E-4D00-B</b>	
City Herndon State VA Zip Code 20170	Purpose of Disbursement Travel reimbursement	Category/ Type 002	Amount of Each Disbursement this Period 121.47
Candidate Name			Amount of Each Disbursement this Period 121.47
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period 121.47

Full Name (Last, First, Middle Initial) <b>C. Karen Bell</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2014	
Mailing Address 1705 N Taylor St.		<b>Transaction ID : E3B326C8-69BF-44AC-A</b>	
City Little Rock State AR Zip Code 72207	Purpose of Disbursement Travel reimbursement	Category/ Type 002	Amount of Each Disbursement this Period 50.00
Candidate Name			Amount of Each Disbursement this Period 50.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period 50.00

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	183.08
<b>TOTAL</b> This Period (last page this line number only).....	183.08

**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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : E4DB38DC-26DA-4C13-8

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  
Bank Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : E5207DED-B02C-4912-A

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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : E5AF8509-9765-46EE-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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : E69AFAF8-90B5-4EDC-B

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Mr. Kevin Shinault**

Mailing Address 175 Hillcrest Ct.

City Pilot Mountian State NC Zip Code 27041

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 : E6FBAE23-3961-4304-B

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Mr. Kevin Shinault**

Mailing Address 175 Hillcrest Ct.

City Pilot Mountian State NC Zip Code 27041

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 : E70EE867-ED4D-482A-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. Discount Bankcard**

Mailing Address 21215 Burbank Blvd  
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement  
Credit Card Processing

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : E7811C39-8DA4-4531-A

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Paul Rickert**

Mailing Address 710 St. Martins Lane

City Bossier City State LA Zip Code 71111

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 : E90C551E-2363-42BB-8

Amount of Each Disbursement this Period

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

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : E96D4F9A-9D8C-4B6C-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. Paul Rickert**

Mailing Address 710 St. Martins Lane

City State Zip Code  
Bossier City LA 71111

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 : EA7FA7DF-A1D9-41B5-8

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Julie Harris**

Mailing Address 3654 Tara Street

City State Zip Code  
Springdale AR 72762

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. DC Unemployment Services**

Mailing Address 501 C St. NW #501

City State Zip Code  
Washington DC 20001

Purpose of Disbursement  
Payroll Taxes

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : EC6BEC47-53CD-47F6-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. Mr. Kevin Shinault**

Mailing Address 175 Hillcrest Ct.

City Pilot Mountain State NC Zip Code 27041

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 : EC6CF6CD-E2C1-45B2-A

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Mr. Mick Bransfield**

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : EDAC9687-8F8C-4838-9

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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : EED5AB36-038B-45DF-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. Mr. Mick Bransfield**

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Regina Wilson**

Mailing Address 2020 Hinson Loop road

City Little Rock State AR Zip Code 72212

Purpose of Disbursement  
Salary

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : F0A12B3E-7840-4486-B**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Mr. Eric Soderstrom**

Mailing Address 148 Berry Mountain Rd

City Cramerton State NC Zip Code 28032

Purpose of Disbursement  
Utilities

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : F1571735-B920-47A4-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

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : F16A5959-4CFB-426A-A

Amount of Each Disbursement this Period

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  
Payroll Taxes

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : F202A205-7B3F-4485-9

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Garland Honeycutt**

Mailing Address 1081 Fork Mountain

City Bakersville State NC Zip Code 28705

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : F3413316-3E12-4E56-9

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. Mr. Eric Soderstrom**

Mailing Address 148 Berry Mountain Rd

City Cramerton State NC Zip Code 28032

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 : F4055D11-D0D3-4631-8

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Garland Honeycutt**

Mailing Address 1081 Fork Mountain

City Bakersville State NC Zip Code 28705

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : F4228853-F256-409E-8

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Mr. Eric Soderstrom**

Mailing Address 148 Berry Mountain Rd

City Cramerton State NC Zip Code 28032

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : F58BD8EA-CD47-42BB-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. Mr. Grayson Greco**

Mailing Address 115 Wyndham Way

City State Zip Code  
Wilmington NC 24811

Purpose of Disbursement  
Salary

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : F5B4BECE-DC69-4839-8**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Taylor Wilson**

Mailing Address 6300 terra verde dr

City State Zip Code  
Raleigh NC 27609

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Taylor Wilson**

Mailing Address 6300 terra verde dr

City State Zip Code  
Raleigh NC 27609

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : F75C224A-4A3B-4B8A-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. Julie Harris**

Mailing Address 3654 Tara Street

City Springdale State AR Zip Code 72762

Purpose of Disbursement  
Travel reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2014

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

Amount of Each Disbursement this Period

95.10

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

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 01 / 2014

Transaction ID : F8E44495-ED38-4C52-B

Amount of Each Disbursement this Period

4.37

Full Name (Last, First, Middle Initial)

**C. Taylor Wilson**

Mailing Address 6300 terra verde dr

City Raleigh State NC Zip Code 27609

Purpose of Disbursement  
Travel reimbursement

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 10 / 2014

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

Amount of Each Disbursement this Period

73.92

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

173.39

**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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : F97DBE6B-4897-4BD7-A

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Tami Fitzgerald**

Mailing Address 109 Carpathian Way

City Raleigh State NC Zip Code 27615

Purpose of Disbursement  
Travel reimbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Majority Connections**

Mailing Address 10 Pinnacle Rd

City Durham State NC Zip Code 27705

Purpose of Disbursement  
Media Management

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : FB8ACF21-60AE-4F68-9

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. 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 : FBD3C798-15BD-4A0D-B

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Mr. Kevin Shinault**

Mailing Address 175 Hillcrest Ct.

City Pilot Mountain State NC Zip Code 27041

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 : FC513CF2-A861-4E3D-A

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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : FC6F2376-A44C-49D4-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. 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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 10 / 2014

Transaction ID : FC8C524C-FCDE-4348-B

Amount of Each Disbursement this Period

178.21

Full Name (Last, First, Middle Initial)

**B. Michelle Rickert**

Mailing Address 710 St. Martins Lane

City Bossier City State LA Zip Code 71111

Purpose of Disbursement  
Salary

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

Transaction ID : FCCD577B-9367-4D1E-9

Amount of Each Disbursement this Period

2506.50

Full Name (Last, First, Middle Initial)

**C. Mr. Eric Soderstrom**

Mailing Address 148 Berry Mountain Rd

City Cramerton State NC Zip Code 28032

Purpose of Disbursement  
Salary

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

Transaction ID : FCE8E60D-639A-4913-A

Amount of Each Disbursement this Period

2309.81

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

4994.52

**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. Julie Harris**

Mailing Address 3654 Tara Street

City Springdale State AR Zip Code 72762

Purpose of Disbursement  
Travel reimbursement

002

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
0	7		0	8		2	0	1	4

Transaction ID : FDD949D8-E089-4F97-A

Amount of Each Disbursement this Period

2	4	.	3	0
---	---	---	---	---

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

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
0	7		0	3		2	0	1	4

Transaction ID : FF1DC719-F996-45C0-9

Amount of Each Disbursement this Period

7	.	1	3
---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Andresen Blom**

Mailing Address 101 Asbury Ct.

City Winchester State VA Zip Code 22602

Purpose of Disbursement  
Travel reimbursement

002

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
0	7		0	1		2	0	1	4

Transaction ID : FF71B2DE-96D8-4B42-9

Amount of Each Disbursement this Period

2	6	.	3	8
---	---	---	---	---

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

5	7	.	8	1
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**TOTAL** This Period (last page this line number only)..... ▶

5	7	.	8	1
---	---	---	---	---

# 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. Karen Bell**

Mailing Address 1705 N Taylor St.

City Little Rock State AR Zip Code 72207

Purpose of Disbursement  
Travel reimbursement

002

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		0	3		2	0	1	4		

Transaction ID : FF84375D-754B-4C6D-8

Amount of Each Disbursement this Period

6.11

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

6.11

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

265815.04



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: Belinda Blake
Mailing Address: 7214 Duchamp Dr.
City: Char, State: NC, Zip Code: 28215
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 50.00
Transaction ID: 7ee91af7-eede-41b3-8
Date of Disbursement or Obligation: 07/01/2014
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate
Disbursement For: General

Full Name of Payee: Belinda Blake
Mailing Address: 7214 Duchamp Dr.
City: Char, State: NC, Zip Code: 28215
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 9.30
Transaction ID: d6becdb8-fbc2-4f6b-8
Date of Disbursement or Obligation: 07/01/2014
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 59.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015

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
Sharon Lloyd
Mailing Address
4301 Lankford
City
Springdale State
AR Zip Code
72762
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 01 / 2014
Amount
20.00
Transaction ID : ceee9263-decc-41a8-8
Date of Disbursement or Obligation
07 / 01 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Sharon Lloyd
Mailing Address
4301 Lankford
City
Springdale State
AR Zip Code
72762
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 01 / 2014
Amount
2.04
Transaction ID : 5fb9cda3-6d47-4eb8-b
Date of Disbursement or Obligation
07 / 01 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 22.04
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Caleb Craig</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 1410 Bushville drive	Amount 25.00	
City Lenoir	State NC	Zip Code 28645
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

**Transaction ID : 827852bb-26a0-4dca-b**

Full Name of Payee <b>Caleb Craig</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 1410 Bushville drive	Amount 1.80	
City Lenoir	State NC	Zip Code 28645
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

**Transaction ID : 41da317b-639f-455c-8**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	26.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Jonathan Odette</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 01 / 2014</b>
Mailing Address 9600 Earpsboro Chamblee Road		Amount <b>50.00</b>
City Wendell	State NC	Zip Code 27591
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : <b>d2f236f1-c764-4eed-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 01 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jonathan Odette</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 01 / 2014</b>
Mailing Address 9600 Earpsboro Chamblee Road		Amount <b>11.10</b>
City Wendell	State NC	Zip Code 27591
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : <b>e7eca1db-ad77-446a-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 01 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>61.10</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name of Payee <b>Lorri Anderson</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address <b>7214 Duchamp Dr</b>		Amount <input type="text"/>	
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>23215</b>	Transaction ID : <b>ae633878-d13a-4efd-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
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 <b>Lorri Anderson</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address <b>7214 Duchamp Dr</b>		Amount <input type="text"/>	
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>23215</b>	Transaction ID : <b>1eebd0d5-20c8-4354-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
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 [Electronically Filed] Date  /  /

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: Steven Best
Mailing Address: 103 Washington Ave
City: Newport, State: NC, Zip Code: 28570
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/01/2014
Amount: 50.00
Transaction ID: 75c3d542-a07d-4c32-8
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Steven Best
Mailing Address: 103 Washington Ave
City: Newport, State: NC, Zip Code: 28570
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/01/2014
Amount: 13.53
Transaction ID: 4807f3aa-2c03-4afb-b
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 63.53
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Anthony Buchanan
Mailing Address: 1090 McHone Rd
City: Spruce Pine, State: NC, Zip Code: 28777
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/01/2014
Amount: 20.00
Transaction ID: e6c3b303-8256-4a4f-a
Date of Disbursement or Obligation: 07/01/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Anthony Buchanan
Mailing Address: 1090 McHone Rd
City: Spruce Pine, State: NC, Zip Code: 28777
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/01/2014
Amount: 6.00
Transaction ID: b0ceb309-aae9-491c-b
Date of Disbursement or Obligation: 07/01/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 26.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Ms. Chassidy Menard</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 01 / 2014</b>	
Mailing Address 515 Walter Dr.		Amount <b>25.00</b>	
City Lafayette	State LA	Zip Code 70507	<b>Transaction ID : 063d6648-e7c4-4c84-8</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 01 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Thomas Sisk</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 01 / 2014</b>	
Mailing Address 3625 Chapelwood Drive		Amount <b>10.00</b>	
City Gastonia	State NC	Zip Code 28025	<b>Transaction ID : 6c19b261-8810-4365-a</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 01 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>35.00</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**



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
Thomas Sisk
Mailing Address
3625 Chapelwood Drive
City
Gastonia State
NC Zip Code
28025
Purpose of Expenditure
Mileage Category/
Type 002
Date of Public Distribution/Dissemination
07 / 01 / 2014
Amount
1.50
Transaction ID : 0bd99562-08b0-456d-9
Date of Disbursement or Obligation
07 / 01 / 2014
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Branson Cambre
Mailing Address
117 Middleburg Dr.
City
Lafayette State
LA Zip Code
70508
Purpose of Expenditure
Salary Category/
Type 001
Date of Public Distribution/Dissemination
07 / 01 / 2014
Amount
35.00
Transaction ID : 2700fef9-af8c-4b0d-8
Date of Disbursement or Obligation
07 / 01 / 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
554635.78
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 36.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Branson Cambre
Date of Public Distribution/Dissemination
07 / 01 / 2014
Mailing Address
117 Middleburg Dr.
Amount
13.05
City
Lafayette State
LA Zip Code
70508
Transaction ID : a9d32095-c698-438d-b
Purpose of Expenditure
Mileage Category/Type
002
Date of Disbursement or Obligation
07 / 01 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
House District: 00
Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Emily Butler
Date of Public Distribution/Dissemination
07 / 01 / 2014
Mailing Address
1676 Shady Creek Rd
Amount
32.50
City
Ayden State
NC Zip Code
28513
Transaction ID : d00fb7da-3c5f-44f7-8
Purpose of Expenditure
Salary Category/Type
001
Date of Disbursement or Obligation
07 / 01 / 2014
Name of Federal Candidate
Ms. Kay Hagan
Office Sought:
House District: 00
Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 45.55
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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
Emily Butler
Mailing Address
1676 Shady Creek Rd
City
Ayden State
NC Zip Code
28513
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 01 / 2014
Amount
9.60
Transaction ID : 57951add-d137-49da-b
Date of Disbursement or Obligation
07 / 01 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
David Ford
Mailing Address
106 Hillside St
City
Spindale State
NC Zip Code
28160
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 01 / 2014
Amount
80.00
Transaction ID : 4000323d-060a-42ee-9
Date of Disbursement or Obligation
07 / 01 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 89.60
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>David Ford</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 01 / 2014
Mailing Address 106 Hillside St		Amount <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 6.57
City Spindale	State NC	Zip Code 28160
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Transaction ID : <b>9347ff6c-8c16-47e5-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Mr. Haley Brown</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 01 / 2014
Mailing Address 344 Natalie Drive		Amount <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 20.00
City Winston-Salem	State NC	Zip Code 27030
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Transaction ID : <b>4779f4a9-c60e-4988-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 26.57
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

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: Mr. Haley Brown
Mailing Address: 344 Natalie Drive
City: Winston-Salem, State: NC, Zip Code: 27030
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/01/2014
Amount: 5.10
Transaction ID: 433520dd-1337-4d2e-b
Date of Disbursement or Obligation: 07/01/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General 2014, [ ] Other (specify)

Full Name of Payee: Lisa Booth
Mailing Address: 1434 South Avenue
City: Eden, State: NC, Zip Code: 27288
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/01/2014
Amount: 60.00
Transaction ID: 35a1e98e-2b32-40e4-b
Date of Disbursement or Obligation: 07/01/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 65.10
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 2em; font-weight: bold; margin-right: 5px;">C</span> 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 <b>Lisa Booth</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">07 / 01 / 2014</span> </div>
Mailing Address    1434 South Avenue	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">12.90</span> </div>
City                                  State                                  Zip Code Eden    NC    27288	
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">002</div>
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">1095959.94</span> </div>	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Rebecca Deucher</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">07 / 01 / 2014</span> </div>
Mailing Address    4800 Vass Carthage Rd	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">45.00</span> </div>
City                                  State                                  Zip Code Carthage    NC    28394	
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">1095959.94</span> </div>	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">57.90</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </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*    *[Electronically Filed]*    Date 05 / 14 / 2015

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name of Payee <b>Rebecca Deucher</b>		Date of Public Distribution/Dissemination 07 / 01 / 2014
Mailing Address 4800 Vass Carthage Rd		Amount 5.55
City Carthage	State NC	Zip Code 28394
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 6d1be46c-611a-47e1-8 Date of Disbursement or Obligation 07 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Mr. Alex Peyton</b>		Date of Public Distribution/Dissemination 07 / 01 / 2014
Mailing Address 859 Hicks Rd		Amount 60.00
City Washington	State LA	Zip Code 70589
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 9ceda9d7-c020-41a6-8 Date of Disbursement or Obligation 07 / 01 / 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	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	65.55
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Signature Ms. Emily Buchanan [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 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Mr. Alex Peyton
Mailing Address
859 Hicks Rd
City
Washington State
LA Zip Code
70589
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 01 / 2014
Amount
33.00
Transaction ID : 9d95afaa-96b0-4ea7-b
Date of Disbursement or Obligation
07 / 01 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Petrina Williams
Mailing Address
3007 Darden Rd
City
Greensboro State
NC Zip Code
27407
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 01 / 2014
Amount
51.50
Transaction ID : 69394f94-b9c2-4ceb-8
Date of Disbursement or Obligation
07 / 01 / 2014
Office Sought: House District: 00
Senate State: NC
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 05 / 14 / 2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Petrina Williams</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 01 / 2014
Mailing Address 3007 Darden Rd	Amount <span style="border: 1px solid black; padding: 2px;">8.70</span>
City Greensboro State NC Zip Code 27407	<b>Transaction ID : ff7f204e-2e3d-4657-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 01 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Theresa A Touchet</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 01 / 2014
Mailing Address 102 French Street #3	Amount <span style="border: 1px solid black; padding: 2px;">27.50</span>
City New Orleans State LA Zip Code 70124	<b>Transaction ID : 8d0c5ff8-2976-409d-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 01 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">36.20</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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 05 / 14 / 2015

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: Theresa A Touchet
Mailing Address: 102 French Street #3
City: New Orleans, State: LA, Zip Code: 70124
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/01/2014
Amount: 1.20
Transaction ID: e31248ed-5af1-4fc9-a
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General

Full Name of Payee: Steven Jean
Mailing Address: 2012 Harrison Ave
City: Winston Salem, State: NC, Zip Code: 27105
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/01/2014
Amount: 25.00
Transaction ID: 953fe768-1c7e-4517-b
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate, State: NC
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures..... 26.20
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> 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 <b>Sierra Lovell</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 01 / 2014</b>	
Mailing Address 1059 Overlord Stage road		Amount <b>40.00</b>	
City Rayville	State LA	Zip Code 71269	<b>Transaction ID : 701cc003-8fe8-464e-a</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 01 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Sierra Lovell</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 01 / 2014</b>	
Mailing Address 1059 Overlord Stage road		Amount <b>4.52</b>	
City Rayville	State LA	Zip Code 71269	<b>Transaction ID : 4169996b-864f-426c-8</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 01 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>44.52</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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
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
554635.78

Date of Public Distribution/Dissemination
07 / 01 / 2014
Amount
45.00
Transaction ID : c514f662-c6e5-4626-8
Date of Disbursement or Obligation
07 / 01 / 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
Mileage Category/
Type
002
Name of Federal Candidate
Ms. Mary L Landrieu
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 01 / 2014
Amount
6.00
Transaction ID : f1016e68-587a-442a-8
Date of Disbursement or Obligation
07 / 01 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 51.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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 Edwin H Parnell
Mailing Address 122 Olde Point Rd
City Hampsted State NC Zip Code 28443
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/01/2014
Amount 50.00
Transaction ID : b0f0bcae-83dd-4621-b
Date of Disbursement or Obligation 07/01/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Disbursement For: Primary General 2014

Full Name of Payee Edwin H Parnell
Mailing Address 122 Olde Point Rd
City Hampsted State NC Zip Code 28443
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/01/2014
Amount 7.65
Transaction ID : 3c51dfb4-bddd-4613-9
Date of Disbursement or Obligation 07/01/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 57.65
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: 07/01/2014
Amount: 12.50
Transaction ID: ff85441d-969e-46b6-8
Date of Disbursement or Obligation: 07/01/2014
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: 554635.78
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: 07/01/2014
Amount: 0.90
Transaction ID: 18e2e2f0-fad6-4175-b
Date of Disbursement or Obligation: 07/01/2014
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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 13.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Kacie Gleb
Mailing Address: 3815 Robin Road
City: Ayden, State: NC, Zip Code: 28513
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/01/2014
Amount: 25.00
Transaction ID: 77f36ea8-e287-4846-8
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: House [ ], Senate [X], District: 00, State: NC
Disbursement For: Primary [ ], General [X], Other [ ]

Full Name of Payee: Matt Gleb
Mailing Address: 3815 Robin Road
City: Ayden, State: NC, Zip Code: 28513
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/01/2014
Amount: 55.00
Transaction ID: b2fb3725-8ed4-4e7e-b
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: House [ ], Senate [X], District: 00, State: NC
Disbursement For: Primary [ ], General [X], Other [ ]

(a) SUBTOTAL of Itemized Independent Expenditures ..... 80.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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 Matt Gleb
Mailing Address 3815 Robin Road
City Ayden State NC Zip Code 28513
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 07 / 01 / 2014
Amount 5.40
Transaction ID : 0279126a-4180-4716-9
Date of Disbursement or Obligation 07 / 01 / 2014

Name of Federal Candidate Ms. Kay Hagan
Support Oppose
Office Sought: House Senate State: NC

Disbursement For: Primary General 2014
Other (specify)

Full Name of Payee Gosch Ellers
Mailing Address 377 Darlington Ave
City Wilmington State NC Zip Code 28403
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 07 / 01 / 2014
Amount 50.00
Transaction ID : ed392ebe-b98d-4c2e-b
Date of Disbursement or Obligation 07 / 01 / 2014

Name of Federal Candidate Ms. Kay Hagan
Support Oppose
Office Sought: House Senate State: NC

Disbursement For: Primary General 2014
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 55.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Gosch Ellers</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 01 / 2014</b>	
Mailing Address <b>377 Darlington Ave</b>		Amount <b>15.30</b>	
City <b>Wilmington</b>	State <b>NC</b>	Zip Code <b>28403</b>	<b>Transaction ID : 0e7cfd02-c66c-4011-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 01 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Roman Rys</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 01 / 2014</b>	
Mailing Address <b>635 Lotarche St</b>		Amount <b>45.00</b>	
City <b>Greenville</b>	State <b>NC</b>	Zip Code <b>27858</b>	<b>Transaction ID : de95a56e-19f8-430d-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 01 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>60.30</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      **[Electronically Filed]**      Date **05 / 14 / 2015**

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
Roman Rys
Mailing Address
635 Lotarche St
City
Greenville State
NC Zip Code
27858
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 01 / 2014
Amount
3.66
Transaction ID : 1c0e9ef1-f34c-4709-a
Date of Disbursement or Obligation
07 / 01 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Melanie Slagle
Mailing Address
77 Southridge Drive
City
Spruce Pine State
NC Zip Code
28777
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 01 / 2014
Amount
13.00
Transaction ID : 27e9c0ee-d7a9-4df8-a
Date of Disbursement or Obligation
07 / 01 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 16.66
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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
Melanie Slagle
Mailing Address
77 Southridge Drive
City
Spruce Pine State
NC Zip Code
28777
Date of Public Distribution/Dissemination
07 / 01 / 2014
Amount
3.00
Transaction ID : f5a8a559-e9ea-474e-a
Date of Disbursement or Obligation
07 / 01 / 2014
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose Office Sought:
House Senate State:
NC
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Christopher Marquess
Mailing Address
110 W Pecan St
City
Ville Platte State
LA Zip Code
70586
Date of Public Distribution/Dissemination
07 / 01 / 2014
Amount
40.00
Transaction ID : 4e82609d-204f-4943-8
Date of Disbursement or Obligation
07 / 01 / 2014
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose Office Sought:
House Senate State:
LA
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 43.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Christopher Marquess</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 01 / 2014</b>	
Mailing Address 110 W Pecan St		Amount <b>29.10</b>	
City Ville Platte	State LA	Zip Code 70586	<b>Transaction ID : 14b2739a-7f6e-4bf9-b</b>
Purpose of Expenditure Mileage	Category/ Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 01 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Solveig Lysne</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 01 / 2014</b>	
Mailing Address 7121 Oyster Lane		Amount <b>24.10</b>	
City Wilmington	State NC	Zip Code 28411	<b>Transaction ID : 0e9b5cb3-b59b-4e5b-a</b>
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 01 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>53.20</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> 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 <b>Solveig Lysne</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 01 / 2014</b>	
Mailing Address 7121 Oyster Lane		Amount <b>8.31</b>	
City Wilmington	State NC	Zip Code 28411	<b>Transaction ID : 54e165dd-a94d-4f85-8</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 01 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Ms. Ashlen Sandoz</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 01 / 2014</b>	
Mailing Address 204 Ranger Place		Amount <b>15.00</b>	
City Slidell	State LA	Zip Code 70115	<b>Transaction ID : fd407b52-bf1a-44a0-b</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 01 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>23.31</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C C00530766</b>	
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 <b>Jeanne Tribou</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 01 / 2014</b>	
Mailing Address 22369 Ponderosa Dr.		Amount <b>40.00</b>	
City Mandeville	State LA	Zip Code 70471	Transaction ID : <b>5b5478b3-5061-4b02-9</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 01 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jeanne Tribou</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 01 / 2014</b>	
Mailing Address 22369 Ponderosa Dr.		Amount <b>3.60</b>	
City Mandeville	State LA	Zip Code 70471	Transaction ID : <b>f59e3ad8-975a-44b1-b</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 01 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>43.60</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date **05 / 14 / 2015**

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
Ralph Smith
Mailing Address
2090 Fancy Gap Rd
City
Mt. Airy State
NC Zip Code
27030
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 01 / 2014
Amount
80.00
Transaction ID : 28ea171d-6814-487d-8
Date of Disbursement or Obligation
07 / 01 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Ralph Smith
Mailing Address
2090 Fancy Gap Rd
City
Mt. Airy State
NC Zip Code
27030
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 01 / 2014
Amount
14.64
Transaction ID : 7d0800f0-8b6e-498b-b
Date of Disbursement or Obligation
07 / 01 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 94.64
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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 Ms. Tonya Boyd
Mailing Address 2357 Fancy Cap Rd
City Mt. Airy State NC Zip Code 27030
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/01/2014
Amount 80.00
Transaction ID : a4a58931-6f16-4566-b
Date of Disbursement or Obligation 07/01/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Disbursement For: Primary General 2014

Full Name of Payee Ms. Tonya Boyd
Mailing Address 2357 Fancy Cap Rd
City Mt. Airy State NC Zip Code 27030
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/01/2014
Amount 14.64
Transaction ID : 5727d29e-a635-4d67-8
Date of Disbursement or Obligation 07/01/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 94.64
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Rebecca Boyett</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 01 / 2014</b>
Mailing Address <b>36 Warren Street</b>	Amount <b>5.00</b>
City <b>Cabot</b> State <b>AR</b> Zip Code <b>72023</b>	<b>Transaction ID : a3a6f783-9982-42cf-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 01 / 2014</b>
Purpose of Expenditure <b>Salary</b> Category/Type <b>001</b>	Name of Federal Candidate <b>Mr. Mark L Pryor</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Rebecca Boyett</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 01 / 2014</b>
Mailing Address <b>36 Warren Street</b>	Amount <b>0.30</b>
City <b>Cabot</b> State <b>AR</b> Zip Code <b>72023</b>	<b>Transaction ID : 98138644-070d-4fab-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 01 / 2014</b>
Purpose of Expenditure <b>Mileage</b> Category/Type <b>002</b>	Name of Federal Candidate <b>Mr. Mark L Pryor</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>5.30</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan* [Electronically Filed] Date **05 / 14 / 2015**

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: Lily Green
Mailing Address: 205 Medallion Circle
City: Shreveport, State: LA, Zip Code: 71119
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 20.00
Transaction ID: da6e8b71-98a8-46c8-8
Date of Disbursement or Obligation: 07/01/2014
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: Lily Green
Mailing Address: 205 Medallion Circle
City: Shreveport, State: LA, Zip Code: 71119
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 7.80
Transaction ID: 993d380a-47f0-4c43-9
Date of Disbursement or Obligation: 07/01/2014
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..... 27.80
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Tarrin Lesaicherre</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 01 / 2014</b>
Mailing Address 629 Radiance Ave	Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>
City: Metairie      State: LA      Zip Code: 70001	<b>Transaction ID : f7d9b18e-be86-4ba4-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 01 / 2014</b>
Purpose of Expenditure Salary      Category/Type: <span style="border: 1px solid black; padding: 2px;">001</span>	
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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Evelyn Lesaicherre</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 01 / 2014</b>
Mailing Address 629 Radiance Ave	Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>
City: Metairie      State: LA      Zip Code: 70001	<b>Transaction ID : 0d66a553-5695-45a4-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 01 / 2014</b>
Purpose of Expenditure Salary      Category/Type: <span style="border: 1px solid black; padding: 2px;">001</span>	
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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">140.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
**05 / 14 / 2015**

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Jon Linch</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 01 / 2014</b>
Mailing Address 6108 Harkins Ave	Amount <b>50.00</b>
City State Zip Code Little Rock AR 72210	
Purpose of Expenditure Salary	Category/Type <b>001</b>
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jon Linch</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 01 / 2014</b>
Mailing Address 6108 Harkins Ave	Amount <b>19.50</b>
City State Zip Code Little Rock AR 72210	
Purpose of Expenditure Mileage	Category/Type <b>002</b>
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>69.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**











# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>		

Full Name of Payee <b>Phillip Williams</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 07 / 01 / 2014	
Mailing Address 3007 Darden Rd		Amount <span style="border: 1px solid black; padding: 2px;">90.00</span>	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 2405499c-d4de-40fe-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 07 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Darius Beverly</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 07 / 01 / 2014	
Mailing Address 157 Bishop Drive		Amount <span style="border: 1px solid black; padding: 2px;">35.00</span>	
City Avondale	State LA	Zip Code 70094	Transaction ID : e216a387-773d-4791-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 07 / 01 / 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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">125.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

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 Ms. Dinah Beverly
Mailing Address 157 Bishop Drive
City Avondale State LA Zip Code 70064
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/01/2014
Amount 35.00
Transaction ID : bfa4669c-a35c-420c-8
Date of Disbursement or Obligation 07/01/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: General 2014

Full Name of Payee Ms. Dinah Beverly
Mailing Address 157 Bishop Drive
City Avondale State LA Zip Code 70064
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/01/2014
Amount 4.20
Transaction ID : 43527a6f-b253-48a8-9
Date of Disbursement or Obligation 07/01/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 39.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 0 2px;">C</span> 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 <b>James Tatro</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 01 / 2014</b>	
Mailing Address 1208 Braeburn Rd		Amount <b>15.00</b>	
City Charlotte	State NC	Zip Code 28211	<b>Transaction ID : f0af297b-9288-4ff2-b</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 01 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>James Tatro</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 01 / 2014</b>	
Mailing Address 1208 Braeburn Rd		Amount <b>19.20</b>	
City Charlotte	State NC	Zip Code 28211	<b>Transaction ID : e981d69d-cc21-49dc-b</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 01 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>34.20</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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: Earl Stewart
Mailing Address: 9455 Snow Camp Road
City: Snowcamp, State: NC, Zip Code: 27349
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/01/2014
Amount: 80.00
Transaction ID: c1a312f6-a7c4-417d-b
Date of Disbursement or Obligation: 07/01/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Earl Stewart
Mailing Address: 9455 Snow Camp Road
City: Snowcamp, State: NC, Zip Code: 27349
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/01/2014
Amount: 7.50
Transaction ID: 53ac4a6f-0f72-4b26-8
Date of Disbursement or Obligation: 07/01/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] 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.

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.2em; margin-right: 5px;">C</span> <span>C00530766</span> </div>
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Check if  24-hour report  48-hour report  New report  Amends report filed on MM / DD / YYYY

Full Name of Payee <b>Kenny Harris</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 6412 Osage Dr			Amount <span style="border: 1px solid black; padding: 2px;">10.00</span>	
City North Little rock	State AR	Zip Code 72116	<b>Transaction ID : 98c3c71d-707d-476b-9</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>		Name of Federal Candidate Mr. Mark L Pryor	
			<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: AR	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Kenny Harris</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2014	
Mailing Address 6412 Osage Dr			Amount <span style="border: 1px solid black; padding: 2px;">0.90</span>	
City North Little rock	State AR	Zip Code 72116	<b>Transaction ID : 6415ba28-a276-4ccb-9</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2014	
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>		Name of Federal Candidate Mr. Mark L Pryor	
			<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: AR	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">10.90</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

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: Brandon Ward
Mailing Address: 2838 Red Cut Loop Rd
City: West Monroe, State: LA, Zip Code: 71292
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/02/2014
Amount: 15.00
Transaction ID: 9cd16aa9-642b-4c6b-8
Date of Disbursement or Obligation: 07/02/2014
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: 554635.78
Disbursement For: [ ] Primary, [X] General 2014, [ ] Other (specify)

Full Name of Payee: Brandon Ward
Mailing Address: 2838 Red Cut Loop Rd
City: West Monroe, State: LA, Zip Code: 71292
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/02/2014
Amount: 6.60
Transaction ID: a0ee3a90-3c69-459c-8
Date of Disbursement or Obligation: 07/02/2014
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: 554635.78
Disbursement For: [ ] Primary, [X] General 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 21.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015





**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Lorri Anderson</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 02 / 2014</b>
Mailing Address <b>7214 Duchamp Dr</b>	Amount <b>25.00</b>
City <b>Charlotte</b> State <b>NC</b> Zip Code <b>23215</b>	<b>Transaction ID : 7e633038-67ab-4bd6-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 02 / 2014</b>
Purpose of Expenditure <b>Salary</b> Category/Type <b>001</b>	Name of Federal Candidate <b>Ms. Kay Hagan</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Lorri Anderson</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 02 / 2014</b>
Mailing Address <b>7214 Duchamp Dr</b>	Amount <b>0.30</b>
City <b>Charlotte</b> State <b>NC</b> Zip Code <b>23215</b>	<b>Transaction ID : 88781663-b179-442f-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 02 / 2014</b>
Purpose of Expenditure <b>Mileage</b> Category/Type <b>002</b>	Name of Federal Candidate <b>Ms. Kay Hagan</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>25.30</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      **[Electronically Filed]**      Date **05 / 14 / 2015**

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: Brian Saltzler
Mailing Address: 601 S College Road
City: Wilmington, State: NC, Zip Code: 28403
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/01/2014
Amount: 70.00
Transaction ID: da44092c-60df-4b3c-b
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Brian Saltzler
Mailing Address: 601 S College Road
City: Wilmington, State: NC, Zip Code: 28403
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/01/2014
Amount: 6.00
Transaction ID: 88730893-ef8f-444b-8
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 76.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <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 <span style="margin-left: 20px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Kristian Pritchard</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 102 Hilltop Dr		Amount 45.00	
City West Monroe	State LA	Zip Code 71291	<b>Transaction ID : 412f06b5-d9b4-425f-b</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		<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 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Kristian Pritchard</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 102 Hilltop Dr		Amount 7.80	
City West Monroe	State LA	Zip Code 71291	<b>Transaction ID : 2976d787-8133-41b7-b</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		<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 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	52.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
 05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Steven Best</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 02 / 2014</b>
Mailing Address 103 Washington Ave	Amount <b>43.00</b>
City Newport	State NC
Zip Code 28570	<b>Transaction ID : e2ed66f5-0925-4151-8</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 02 / 2014</b>
Category/Type <b>001</b>	Name of Federal Candidate Ms. Kay Hagan
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Steven Best</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 02 / 2014</b>
Mailing Address 103 Washington Ave	Amount <b>9.60</b>
City Newport	State NC
Zip Code 28570	<b>Transaction ID : 3d5a3fea-9b34-4cce-9</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 02 / 2014</b>
Category/Type <b>002</b>	Name of Federal Candidate Ms. Kay Hagan
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>52.60</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="margin-left: 20px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Theresa Burkhart</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014
Mailing Address 3126 Chester Ct	Amount 50.00
City Metairie State LA Zip Code 70006	<b>Transaction ID : af8cd311-ba15-490c-8</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <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 554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Donald Dessauer</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014
Mailing Address 1804 Auburn Ave	Amount 10.00
City Metairie State LA Zip Code 70003	<b>Transaction ID : e176df94-8783-4ec0-b</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <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 554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	60.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

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
Rebecca Deucher
Mailing Address
4800 Vass Carthage Rd
City
Carthage State
NC Zip Code
28394
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
07 / 02 / 2014
Amount
70.00
Transaction ID : 5a50232b-c691-4f5b-a
Date of Disbursement or Obligation
07 / 02 / 2014
Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose
Office Sought:
House
Senate
District: 00
State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Rebecca Deucher
Mailing Address
4800 Vass Carthage Rd
City
Carthage State
NC Zip Code
28394
Purpose of Expenditure
Mileage Category/Type
002
Date of Public Distribution/Dissemination
07 / 02 / 2014
Amount
11.55
Transaction ID : ee67a6db-111a-4498-b
Date of Disbursement or Obligation
07 / 02 / 2014
Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose
Office Sought:
House
Senate
District: 00
State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 81.55
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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
Katlynn Cockerham
Mailing Address
4970 Lyman Rd
City
Winston Salem State
NC Zip Code
27105
Date of Public Distribution/Dissemination
07 / 02 / 2014
Amount
30.00
Transaction ID : 5742d53d-6f84-4578-a
Date of Disbursement or Obligation
07 / 02 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Katlynn Cockerham
Mailing Address
4970 Lyman Rd
City
Winston Salem State
NC Zip Code
27105
Date of Public Distribution/Dissemination
07 / 02 / 2014
Amount
9.00
Transaction ID : 2eebf55f-72aa-4cd3-9
Date of Disbursement or Obligation
07 / 02 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 39.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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
Caleb Craig
Mailing Address
1410 Bushville drive
City
Lenoir State
NC Zip Code
28645
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
07 / 02 / 2014
Amount
60.00
Transaction ID : 56ed0683-0f42-4e4d-a
Date of Disbursement or Obligation
07 / 02 / 2014
Name of Federal Candidate
Ms. Kay Hagan
Office Sought:
House District: 00
Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Caleb Craig
Mailing Address
1410 Bushville drive
City
Lenoir State
NC Zip Code
28645
Purpose of Expenditure
Mileage Category/Type
002
Date of Public Distribution/Dissemination
07 / 02 / 2014
Amount
9.60
Transaction ID : 3bc2d638-1a59-449e-b
Date of Disbursement or Obligation
07 / 02 / 2014
Name of Federal Candidate
Ms. Kay Hagan
Office Sought:
House District: 00
Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 69.60
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 0 2px;">C</span> 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 <b>Sarah Nugent</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 2 White Oak Court		Amount 30.00	
City Searcy	State AR	Zip Code 72143	<b>Transaction ID : 6bd3229e-b028-4432-b</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<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: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Sarah Nugent</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014	
Mailing Address 2 White Oak Court		Amount 4.70	
City Searcy	State AR	Zip Code 72143	<b>Transaction ID : c15d04f0-0d7f-4df1-9</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<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: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	34.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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      05 / 14 / 2015



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Tammy Williams</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 02 / 2014</b>	
Mailing Address 924 N. Prieur St		Amount <b>12.00</b>	
City New Orleans	State LA	Zip Code 70116	<b>Transaction ID : 5ecc34a3-9572-411c-a</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 <b>07 / 02 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Donna Barrette</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 02 / 2014</b>	
Mailing Address 724 Harris Avenue		Amount <b>20.00</b>	
City Harahan	State LA	Zip Code 70123	<b>Transaction ID : 1783f352-3ea2-447b-a</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 <b>07 / 02 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>32.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Mr. Michael Vidrine</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 02 / 2014</b>
Mailing Address <b>458 Hebert Rd</b>		Amount <b>30.60</b>
City <b>Palmetto</b>	State <b>LA</b>	Zip Code <b>71358</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Transaction ID : <b>67945042-189b-490f-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 02 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Petrina Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 02 / 2014</b>
Mailing Address <b>3007 Darden Rd</b>		Amount <b>63.90</b>
City <b>Greensboro</b>	State <b>NC</b>	Zip Code <b>27407</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>a00b1de3-e07a-431b-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 02 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>94.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Petrina Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014
Mailing Address 3007 Darden Rd		Amount 7.20
City Greensboro	State NC	Zip Code 27407
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : d9c12c64-963a-4dea-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Gosch Ellers</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014
Mailing Address 377 Darlington Ave		Amount 30.00
City Wilmington	State NC	Zip Code 28403
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : f1f7db33-4398-4dfa-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	37.20
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015



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
Gosch Ellers
Mailing Address
377 Darlington Ave
City
Wilmington State
NC Zip Code
28403
Date of Public Distribution/Dissemination
07 / 02 / 2014
Amount
4.50
Transaction ID : e4f1ad98-256d-45d7-a
Date of Disbursement or Obligation
07 / 02 / 2014
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose Office Sought:
House Senate State:
NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Erika Burfield
Mailing Address
2939 Country Club Drive
City
Hampstead State
NC Zip Code
28443
Date of Public Distribution/Dissemination
07 / 02 / 2014
Amount
25.00
Transaction ID : 589c9399-08e9-4dec-a
Date of Disbursement or Obligation
07 / 02 / 2014
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose Office Sought:
House Senate State:
NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 29.50
(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 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name of Payee <b>Erika Burfield</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 2939 Country Club Drive		Amount <input type="text"/>	
City Hampstead	State NC	Zip Code 28443	Transaction ID : <b>a5d2af89-6b59-46e7-b</b>
Purpose of Expenditure Mileage	Category/ Type	<input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>NC</u>
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 <b>Ms. Tonya Boyd</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 2357 Fancy Cap Rd		Amount <input type="text"/>	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : <b>40a5f75e-5973-414c-9</b>
Purpose of Expenditure Salary	Category/ Type	<input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>NC</u>
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) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<input type="text"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) <b>TOTAL</b> 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.

Signature Ms. Emily Buchanan [Electronically Filed] Date  /  /

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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"/>

Full Name of Payee <b>Ms. Tonya Boyd</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014
Mailing Address 2357 Fancy Cap Rd	Amount 17.25
City State Zip Code Mt. Airy NC 27030	Transaction ID : <b>7a47260a-c402-4539-b</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
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) ▶
	1095959.94

Full Name of Payee <b>Jeremy Hollar</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014
Mailing Address 121 Meadowview Drive	Amount 60.00
City State Zip Code Boone NC 28607	Transaction ID : <b>35e0aa4e-e4f7-406e-8</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
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) ▶
	1095959.94

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	77.25
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

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
Jeremy Hollar
Mailing Address
121 Meadowview Drive
City
Boone State
NC Zip Code
28607
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 02 / 2014
Amount
9.60
Transaction ID : 5df4b0ff-8290-4549-9
Date of Disbursement or Obligation
07 / 02 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Brian Saltzler
Mailing Address
601 S College Road
City
Wilmington State
NC Zip Code
28403
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 02 / 2014
Amount
40.00
Transaction ID : 408b0a4f-a4b8-4f55-b
Date of Disbursement or Obligation
07 / 02 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 49.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Brian Saltzler</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 02 / 2014</b>
Mailing Address 601 S College Road	Amount <b>5.40</b>
City State Zip Code Wilmington NC 28403	<b>Transaction ID : fd2b7dbc-6706-411f-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 02 / 2014</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Melanie Slagle</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 02 / 2014</b>
Mailing Address 77 Southridge Drive	Amount <b>30.00</b>
City State Zip Code Spruce Pine NC 28777	<b>Transaction ID : be92dc6c-6df8-4056-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 02 / 2014</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>35.40</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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
Melanie Slagle
Mailing Address
77 Southridge Drive
City
Spruce Pine State
NC Zip Code
28777
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 02 / 2014
Amount
7.50
Transaction ID : e9fa04bf-4803-49ef-8
Date of Disbursement or Obligation
07 / 02 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Tarrin Lesaicherre
Mailing Address
629 Radiane 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
554635.78

Date of Public Distribution/Dissemination
07 / 02 / 2014
Amount
60.00
Transaction ID : 55b8f59f-e9ab-49a1-8
Date of Disbursement or Obligation
07 / 02 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 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
[Electronically Filed]
Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> 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 <b>Tarrin Lesaicherre</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     MM / DD / YYYY                      07 / 02 / 2014                 </div>
Mailing Address 629 Radiance Ave	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     3.60                 </div>
City State Zip Code Metairie LA 70001	<b>Transaction ID : e2e6ea4d-4e84-412d-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     MM / DD / YYYY                      07 / 02 / 2014                 </div>
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 <input checked="" type="checkbox"/> Senate District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     554635.78                 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Evelyn Lesaicherre</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     MM / DD / YYYY                      07 / 02 / 2014                 </div>
Mailing Address 629 Radiance Ave	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     60.00                 </div>
City State Zip Code Metairie LA 70001	<b>Transaction ID : 5c7cafa2-d5f8-490a-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     MM / DD / YYYY                      07 / 02 / 2014                 </div>
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 <input checked="" type="checkbox"/> Senate District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     554635.78                 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">                 63.60             </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">                 0.00             </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">                 63.60             </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 

MM / DD / YYYY  
 05 / 14 / 2015

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
07 / 02 / 2014
Amount
3.60
Transaction ID : 02ab02b6-eebf-49ff-a
Date of Disbursement or Obligation
07 / 02 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
John Voholetz
Mailing Address
718 N MacMillan Avenue
City
Wilmington State
NC Zip Code
28803
Date of Public Distribution/Dissemination
07 / 02 / 2014
Amount
70.00
Transaction ID : 91b477b7-ab58-4f66-b
Date of Disbursement or Obligation
07 / 02 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 73.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
John Voholetz
Mailing Address
718 N MacMillan Avenue
City
Wilmington State
NC Zip Code
28803
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 02 / 2014
Amount
5.10
Transaction ID : 5b32fb70-0d5d-41d7-9
Date of Disbursement or Obligation
07 / 02 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Solveig Lysne
Mailing Address
7121 Oyster Lane
City
Wilmington State
NC Zip Code
28411
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 02 / 2014
Amount
63.90
Transaction ID : 55fc5bdd-93ea-49d9-8
Date of Disbursement or Obligation
07 / 02 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 69.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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
Solveig Lysne
Mailing Address
7121 Oyster Lane
City
Wilmington State
NC Zip Code
28411
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 02 / 2014
Amount
3.39
Transaction ID : bc2b4d08-9f8c-4c3a-8
Date of Disbursement or Obligation
07 / 02 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

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
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 02 / 2014
Amount
10.00
Transaction ID : ee5109b6-73f4-428a-8
Date of Disbursement or Obligation
07 / 02 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 13.39
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Date of Public Distribution/Dissemination
07 / 02 / 2014
Amount
0.60
Transaction ID : 061b20f2-f59e-4abc-b
Date of Disbursement or Obligation
07 / 02 / 2014
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Christopher Marquess
Mailing Address
110 W Pecan St
City
Ville Platte State
LA Zip Code
70586
Date of Public Distribution/Dissemination
07 / 02 / 2014
Amount
40.00
Transaction ID : d156411f-755b-4210-b
Date of Disbursement or Obligation
07 / 02 / 2014
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 40.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Date of Public Distribution/Dissemination
07 / 02 / 2014
Amount
29.40
Transaction ID : 6d4d2b32-d346-4cc5-a
Date of Disbursement or Obligation
07 / 02 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Gloria A Krieger
Mailing Address
1392 Lee Street
City
Ville Platte State
LA Zip Code
70586
Date of Public Distribution/Dissemination
07 / 02 / 2014
Amount
15.00
Transaction ID : 9203d9cf-fe8e-4316-9
Date of Disbursement or Obligation
07 / 02 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 44.40
(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 05 / 14 / 2015
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: Gloria A Krieger
Mailing Address: 1392 Lee Street
City: Ville Platte, State: LA, Zip Code: 70586
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/02/2014
Amount: 0.06
Transaction ID: d386274d-448a-4b0b-b
Date of Disbursement or Obligation: 07/02/2014
Name of Federal Candidate: Ms. Mary L Landriau
Office Sought: Senate, State: LA
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 554635.78

Full Name of Payee: Gloria A Krieger
Mailing Address: 1392 Lee Street
City: Ville Platte, State: LA, Zip Code: 70586
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/02/2014
Amount: 15.00
Transaction ID: 9d617500-0fe1-4d17-9
Date of Disbursement or Obligation: 07/02/2014
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate, State: NC
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 1095959.94

(a) SUBTOTAL of Itemized Independent Expenditures: 15.06
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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: Ralph Smith
Mailing Address: 2090 Fancy Gap Rd
City: Mt. Airy, State: NC, Zip Code: 27030
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/02/2014
Amount: 100.00
Transaction ID: 5e42a229-3756-4b6e-8
Date of Disbursement or Obligation: 07/02/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

Full Name of Payee: Ralph Smith
Mailing Address: 2090 Fancy Gap Rd
City: Mt. Airy, State: NC, Zip Code: 27030
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/02/2014
Amount: 17.25
Transaction ID: 436f0e9c-4bee-471a-a
Date of Disbursement or Obligation: 07/02/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 117.25
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name of Payee <b>Jeremy Hollar</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">07 / 02 / 2014</span>		
Mailing Address 121 Meadowview Drive			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		
City Boone	State NC	Zip Code 28607	Transaction ID : <b>a7911461-ea09-4fb7-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">07 / 02 / 2014</span>		
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Jeremy Hollar</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">07 / 02 / 2014</span>		
Mailing Address 121 Meadowview Drive			Amount <span style="border: 1px solid black; padding: 2px;">9.60</span>		
City Boone	State NC	Zip Code 28607	Transaction ID : <b>6b67a976-ef8f-4dde-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">07 / 02 / 2014</span>		
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">69.60</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

*Ms. Emily Buchanan* [Electronically Filed] Date 05 / 14 / 2015  
 \_\_\_\_\_  
 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: Phillip Williams
Mailing Address: 3007 Darden Rd
City: Greensboro, State: NC, Zip Code: 27407
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/02/2014
Amount: 75.00
Transaction ID: d14e50f1-9a97-4e3a-8
Date of Disbursement or Obligation: 07/02/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

Full Name of Payee: Phillip Williams
Mailing Address: 3007 Darden Rd
City: Greensboro, State: NC, Zip Code: 27407
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/02/2014
Amount: 10.80
Transaction ID: aeccab59-cce1-45cd-9
Date of Disbursement or Obligation: 07/02/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 85.80
(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: 05/14/2015
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 Paul Rickert
Mailing Address 710 St. Martins Lane
City Bossier City State LA Zip Code 71111
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/02/2014
Amount 35.00
Transaction ID : 21f5be60-0eda-4f68-b
Date of Disbursement or Obligation 07/02/2014
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 554635.78
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Paul Rickert
Mailing Address 710 St. Martins Lane
City Bossier City State LA Zip Code 71111
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/02/2014
Amount 8.10
Transaction ID : b68584fe-939c-4c88-a
Date of Disbursement or Obligation 07/02/2014
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 554635.78
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 43.10
(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 05/14/2015
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: Lauren Biviano
Mailing Address: 615 Greenwood Drive
City: Searcy, State: AR, Zip Code: 72143
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/02/2014
Amount: 14.00
Transaction ID: 08d5f6e0-9477-4841-b
Name of Federal Candidate: Mr. Mark L Pryor, Support/Oppose, Office Sought: Senate, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: General

Full Name of Payee: Lauren Biviano
Mailing Address: 615 Greenwood Drive
City: Searcy, State: AR, Zip Code: 72143
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/02/2014
Amount: 3.90
Transaction ID: 935d0d62-2465-4eab-9
Name of Federal Candidate: Mr. Mark L Pryor, Support/Oppose, Office Sought: Senate, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 17.90
(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 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Chris McCoy</b>		Date of Public Distribution/Dissemination <b>07 / 02 / 2014</b>
Mailing Address <b>1025 Cayley Ct</b>		Amount <b>80.00</b>
City <b>High Point</b> State <b>NC</b> Zip Code <b>27260</b>	Category/Type <b>001</b>	Transaction ID : <b>5c2ea587-baba-476f-8</b> Date of Disbursement or Obligation <b>07 / 02 / 2014</b>
Purpose of Expenditure <b>Salary</b>	Name of Federal Candidate <b>Ms. Kay Hagan</b>	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Chris McCoy</b>		Date of Public Distribution/Dissemination <b>07 / 02 / 2014</b>
Mailing Address <b>1025 Cayley Ct</b>		Amount <b>21.60</b>
City <b>High Point</b> State <b>NC</b> Zip Code <b>27260</b>	Category/Type <b>002</b>	Transaction ID : <b>0a04501a-7dde-4aa7-a</b> Date of Disbursement or Obligation <b>07 / 02 / 2014</b>
Purpose of Expenditure <b>Mileage</b>	Name of Federal Candidate <b>Ms. Kay Hagan</b>	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>101.60</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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
Amy Eddie
Mailing Address
5006 Lakeview Road
City
North Little Rock State
AR Zip Code
72116
Purpose of Expenditure
Salary Category/
Type
001
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Office Sought:
House Senate
District:
00 State:
AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 02 / 2014
Amount
17.50
Transaction ID : b8ef2645-1ced-44cc-9
Date of Disbursement or Obligation
07 / 02 / 2014
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Amy Eddie
Mailing Address
5006 Lakeview Road
City
North Little Rock State
AR Zip Code
72116
Purpose of Expenditure
Mileage Category/
Type
002
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Office Sought:
House Senate
District:
00 State:
AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 02 / 2014
Amount
2.10
Transaction ID : 1f0d81fb-01fa-4603-9
Date of Disbursement or Obligation
07 / 02 / 2014
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 19.60
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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
Beverly Williams
Mailing Address
3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure
Salary Category/Type 001

Date of Public Distribution/Dissemination
07 / 02 / 2014
Amount
80.00
Transaction ID : 293f87fa-5bd7-4229-b
Date of Disbursement or Obligation
07 / 02 / 2014

Name of Federal Candidate
Ms. Kay Hagan
Support Oppose
Office Sought: House Senate
District: 00 State: NC

Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Edwin H Parnell
Mailing Address
122 Olde Point Rd
City Hampsted State NC Zip Code 28443
Purpose of Expenditure
Salary Category/Type 001

Date of Public Distribution/Dissemination
07 / 02 / 2014
Amount
35.00
Transaction ID : a0bac539-5483-46fc-8
Date of Disbursement or Obligation
07 / 02 / 2014

Name of Federal Candidate
Ms. Kay Hagan
Support Oppose
Office Sought: House Senate
District: 00 State: NC

Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 115.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
---	---

Check if  24-hour report    48-hour report    New report    Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee <b>Edwin H Parnell</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 02 / 2014</b>	
Mailing Address    122 Olde Point Rd		Amount <b>6.06</b>	
City <b>Hampsted</b>	State <b>NC</b>	Zip Code <b>28443</b>	<b>Transaction ID : aae1be88-3028-417a-8</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 02 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House   District: <u>  00  </u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate   State: <u>  NC  </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) ▶ _____	
<b>1095959.94</b>		<b>1095959.94</b>	

Full Name of Payee <b>Thomas Sisk</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 02 / 2014</b>	
Mailing Address    3625 Chapelwood Drive		Amount <b>20.00</b>	
City <b>Gastonia</b>	State <b>NC</b>	Zip Code <b>28025</b>	<b>Transaction ID : ebeb4203-2b13-43ca-a</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 02 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House   District: <u>  00  </u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate   State: <u>  NC  </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) ▶ _____	
<b>1095959.94</b>		<b>1095959.94</b>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>26.06</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="margin-left: 20px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Thomas Sisk</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014
Mailing Address 3625 Chapelwood Drive	Amount 4.53
City State Zip Code Gastonia NC 28025	<b>Transaction ID : be1f90a4-67ee-41d2-a</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Cassidy Quartararo</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2014
Mailing Address 632 Cameron Court	Amount 50.00
City State Zip Code Kenner LA 70065	<b>Transaction ID : e7a6a0b2-3103-42a5-b</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2014
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	<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 554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	54.53
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00530766</span> </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 <b>Cassidy Quartararo</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 02 / 2014</span> </div>						
Mailing Address    632 Cameron Court	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">8.49</span> </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>Kenner</td> <td>LA</td> <td>70065</td> </tr> </table>	City	State	Zip Code	Kenner	LA	70065	<b>Transaction ID : c9e87de7-1a6b-4ad5-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 02 / 2014</span> </div>
City	State	Zip Code					
Kenner	LA	70065					
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> <span style="font-size: 1.2em; font-weight: bold;">002</span> </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;"> <span style="font-size: 1.2em; font-weight: bold;">554635.78</span> </div>						
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____							

Full Name of Payee <b>Lily Green</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 02 / 2014</span> </div>						
Mailing Address    205 Medallion Circle	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">20.00</span> </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	<b>Transaction ID : 60d938fb-69fd-4676-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 02 / 2014</span> </div>
City	State	Zip Code					
Shreveport	LA	71119					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> <span style="font-size: 1.2em; font-weight: bold;">001</span> </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;"> <span style="font-size: 1.2em; font-weight: bold;">554635.78</span> </div>						
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____							

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">28.49</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </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  
05 / 14 / 2015



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
Lily 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
07 / 02 / 2014
Amount
7.80
Transaction ID : 5f264cb3-1c7d-4d9f-a
Date of Disbursement or Obligation
07 / 02 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
House District: 00
Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Francis Richardson
Mailing Address
220 Doucet Rd
City
Lafayette State
LA Zip Code
70503
Purpose of Expenditure
Salary Category/
Type 001
Date of Public Distribution/Dissemination
07 / 02 / 2014
Amount
20.00
Transaction ID : f81e2a64-1e5c-4b9e-a
Date of Disbursement or Obligation
07 / 02 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
House District: 00
Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 27.80
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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: Francis Richardson
Mailing Address: 220 Doucet Rd
City: Lafayette, State: LA, Zip Code: 70503
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/02/2014
Amount: 1.50
Transaction ID: daa5a1ed-a92a-4c82-8
Date of Disbursement or Obligation: 07/02/2014
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: 554635.78

Full Name of Payee: Mr. Alex Peyton
Mailing Address: 859 Hicks Rd
City: Washington, State: LA, Zip Code: 70589
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/02/2014
Amount: 60.00
Transaction ID: 8246aebc-dd5c-4c7f-8
Date of Disbursement or Obligation: 07/02/2014
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: 554635.78

(a) SUBTOTAL of Itemized Independent Expenditures: 61.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015

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
Mr. Alex Peyton
Mailing Address
859 Hicks Rd
City
Washington State
LA Zip Code
70589
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 02 / 2014
Amount
36.00
Transaction ID : dc1b4f03-7e3d-4635-a
Date of Disbursement or Obligation
07 / 02 / 2014
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Sharon Lloyd
Mailing Address
4301 Lankford
City
Springdale State
AR Zip Code
72762
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 02 / 2014
Amount
60.00
Transaction ID : 90643e80-4d69-4978-a
Date of Disbursement or Obligation
07 / 02 / 2014
Office Sought: House District: 00
President Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 96.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Ms. Dinah Beverly</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 02 / 2014</b>
Mailing Address 157 Bishop Drive	Amount <b>30.00</b>
City Avondale	State LA
Zip Code 70064	Transaction ID : <b>64c435e2-4446-4465-9</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 02 / 2014</b>
Category/Type <b>001</b>	Name of Federal Candidate Ms. Mary L Landriau
Name of Federal Candidate Ms. Mary L Landriau	<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 <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Ms. Dinah Beverly</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 02 / 2014</b>
Mailing Address 157 Bishop Drive	Amount <b>4.20</b>
City Avondale	State LA
Zip Code 70064	Transaction ID : <b>f8f4b839-e067-4187-8</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 02 / 2014</b>
Category/Type <b>002</b>	Name of Federal Candidate Ms. Mary L Landriau
Name of Federal Candidate Ms. Mary L Landriau	<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 <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>34.20</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Belinda Blake</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 03 / 2014</b>
Mailing Address <b>7214 Duchamp Dr.</b>	Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>
City <b>NC</b> State <b>NC</b> Zip Code <b>28215</b>	<b>Transaction ID : 370ffed1-3a13-4d88-a</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 03 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Belinda Blake</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 03 / 2014</b>
Mailing Address <b>7214 Duchamp Dr.</b>	Amount <span style="border: 1px solid black; padding: 2px;">7.20</span>
City <b>NC</b> State <b>NC</b> Zip Code <b>28215</b>	<b>Transaction ID : eece187d-7aab-4cf4-a</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 03 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">27.20</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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 Casey Stockton
Mailing Address 105 South Dale St
City Spruce Pine State NC Zip Code 28777
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/03/2014
Amount 40.00
Transaction ID : e1eb2631-3cd7-4012-8
Date of Disbursement or Obligation 07/03/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Casey Stockton
Mailing Address 105 South Dale St
City Spruce Pine State NC Zip Code 28777
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/03/2014
Amount 11.40
Transaction ID : c02f6174-e7b9-4886-b
Date of Disbursement or Obligation 07/03/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 51.40
(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 05/14/2015
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: Carmen Maddrey
Mailing Address: 2043 Nottingham Ln
City: Burlington, State: NC, Zip Code: 27215
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/03/2014
Amount: 35.00
Transaction ID: 3b2c6759-14e9-4a14-b
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Carmen Maddrey
Mailing Address: 2043 Nottingham Ln
City: Burlington, State: NC, Zip Code: 27215
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/03/2014
Amount: 3.00
Transaction ID: 2eaf4b63-411d-4cf3-b
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 38.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>James Kindstedt</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 03 / 2014
Mailing Address 5510 Dogwood Dr	Amount <span style="border: 1px solid black; padding: 2px;">25.00</span>
City Winston Salem State NC Zip Code 27105	<b>Transaction ID : 29acd081-c141-40d8-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 03 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Kay Hagan <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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>James Kindstedt</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 03 / 2014
Mailing Address 5510 Dogwood Dr	Amount <span style="border: 1px solid black; padding: 2px;">9.42</span>
City Winston Salem State NC Zip Code 27105	<b>Transaction ID : 23035241-6c59-4c88-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 03 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Ms. Kay Hagan <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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">34.42</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 0 2px;">C</span> 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		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>

Full Name of Payee <b>Brandon Ward</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <b>07 / 03 / 2014</b>	
Mailing Address 2838 Red Cut Loop Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">30.00</div>	
City West Monroe	State LA	Zip Code 71292	<b>Transaction ID : 354c4b44-877c-4902-b</b>
Purpose of Expenditure Salary	Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <b>07 / 03 / 2014</b>
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;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Brandon Ward</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <b>07 / 03 / 2014</b>	
Mailing Address 2838 Red Cut Loop Rd		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10.20</div>	
City West Monroe	State LA	Zip Code 71292	<b>Transaction ID : dc900275-11c0-4944-b</b>
Purpose of Expenditure Mileage	Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <b>07 / 03 / 2014</b>
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;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">40.20</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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 M /

D D D /

Y Y Y Y Y Y

**05 / 14 / 2015**

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
Caleb Craig
Mailing Address
1410 Bushville drive
City
Lenoir State
NC Zip Code
28645
Purpose of Expenditure
Salary Category/
Type 001
Date of Public Distribution/Dissemination
07 / 03 / 2014
Amount
30.00
Transaction ID : 98094aae-f2e0-4ada-8
Date of Disbursement or Obligation
07 / 03 / 2014
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose Office Sought:
House District: 00
President Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Caleb Craig
Mailing Address
1410 Bushville drive
City
Lenoir State
NC Zip Code
28645
Purpose of Expenditure
Mileage Category/
Type 002
Date of Public Distribution/Dissemination
07 / 03 / 2014
Amount
5.70
Transaction ID : 545e1c4e-5359-4a6f-9
Date of Disbursement or Obligation
07 / 03 / 2014
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose Office Sought:
House District: 00
President Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 35.70
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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
Rebecca Deucher
Mailing Address
4800 Vass Carthage Rd
City
Carthage State
NC Zip Code
28394
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 03 / 2014
Amount
60.00
Transaction ID : 49e44655-7fdb-47ef-9
Date of Disbursement or Obligation
07 / 03 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Rebecca Deucher
Mailing Address
4800 Vass Carthage Rd
City
Carthage State
NC Zip Code
28394
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 03 / 2014
Amount
13.80
Transaction ID : 7758ff45-20c8-44df-8
Date of Disbursement or Obligation
07 / 03 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 73.80
(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 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00530766</span> </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 <b>Francesca Blom</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 03 / 2014</span> </div>		
Mailing Address    101 Asbury Ct	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">40.00</span> </div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Winchester</td> <td style="width:33%;">State VA</td> <td style="width:33%;">Zip Code 22602</td> </tr> </table>		City Winchester	State VA
City Winchester	State VA	Zip Code 22602	
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    District: <u>00</u> State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">1095959.94</span> </div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____			

**Transaction ID : 0ae49955-1d98-4103-b**  
Date of Disbursement or Obligation

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

Full Name of Payee <b>Jeremy Hollar</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 03 / 2014</span> </div>		
Mailing Address    121 Meadowview Drive	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">30.00</span> </div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Boone</td> <td style="width:33%;">State NC</td> <td style="width:33%;">Zip Code 28607</td> </tr> </table>		City Boone	State NC
City Boone	State NC	Zip Code 28607	
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    District: <u>00</u> State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">1095959.94</span> </div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____			

**Transaction ID : 4b25bed8-b1ed-4979-a**  
Date of Disbursement or Obligation

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

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">70.00</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </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*
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y  
05 / 14 / 2015

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: Jeremy Hollar
Mailing Address: 121 Meadowview Drive
City: Boone, State: NC, Zip Code: 28607
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/03/2014
Amount: 5.70
Transaction ID: 3db57a06-5259-4761-a
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: David Ford
Mailing Address: 106 Hillside St
City: Spindale, State: NC, Zip Code: 28160
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/03/2014
Amount: 55.00
Transaction ID: 609576a7-74d8-4623-8
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 60.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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
David Ford
Mailing Address
106 Hillside St
City
Spindale State
NC Zip Code
28160
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 03 / 2014
Amount
12.63
Transaction ID : cab6f443-ff9e-49d2-a
Date of Disbursement or Obligation
07 / 03 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Ky Broussard
Mailing Address
301 N Cedar Street
City
Abbeville State
LA Zip Code
70510
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 03 / 2014
Amount
47.50
Transaction ID : 70dbd2d0-2c23-451e-9
Date of Disbursement or Obligation
07 / 03 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 60.13
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Ky Broussard</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 03 / 2014</b>
Mailing Address 301 N Cedar Street	Amount <b>15.00</b>
City State Zip Code <b>Abbeville LA 70510</b>	<b>Transaction ID : d9b509f9-8fee-44cd-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 03 / 2014</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>	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 <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Theresa A Touchet</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 03 / 2014</b>
Mailing Address 102 French Street #3	Amount <b>22.50</b>
City State Zip Code <b>New Orleans LA 70124</b>	<b>Transaction ID : c8f99751-647a-4d8d-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 03 / 2014</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>	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 <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>37.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      **[Electronically Filed]**      Date **05 / 14 / 2015**

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  
**Roman Rys**

Mailing Address  
635 Lotarche St

City State Zip Code  
Greenville NC 27858

Purpose of Expenditure  
Mileage

Category/Type  
002

Date of Public Distribution/Dissemination  
07 / 03 / 2014

Amount  
5.40

Transaction ID : 1e4b4ffa-69c7-4cfc-9

Date of Disbursement or Obligation  
07 / 03 / 2014

Name of Federal Candidate  
Ms. Kay Hagan

Support  Oppose

Office Sought:  House  Senate District: 00  
 President State: NC

Calendar Year-To-Date Per Election for Office Sought  
1095959.94

Disbursement For:  Primary  General 2014  
 Other (specify) ▶

Full Name of Payee  
**Sierra Lovell**

Mailing Address  
1059 Overlord Stage road

City State Zip Code  
Rayville LA 71269

Purpose of Expenditure  
Salary

Category/Type  
001

Date of Public Distribution/Dissemination  
07 / 03 / 2014

Amount  
50.00

Transaction ID : 3674fd11-13ad-4b8c-a

Date of Disbursement or Obligation  
07 / 03 / 2014

Name of Federal Candidate  
Ms. Mary L Landrieu

Support  Oppose

Office Sought:  House  Senate District: 00  
 President State: LA

Calendar Year-To-Date Per Election for Office Sought  
554635.78

Disbursement For:  Primary  General 2014  
 Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures..... ▶ 55.40

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

(c) **TOTAL** Independent Expenditures..... ▶

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

Signature Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Sierra Lovell</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014		
Mailing Address 1059 Overlord Stage road			Amount 12.00		
City Rayville	State LA	Zip Code 71269	<b>Transaction ID : f698b8d5-31d7-4a92-9</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014		
Purpose of Expenditure Mileage		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 District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Reagan Brackett</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014		
Mailing Address 502 E Center Ave			Amount 30.00		
City Searcy	State AR	Zip Code 72143	<b>Transaction ID : dfc910ea-11b4-449d-9</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Mr. Mark L Pryor		
Name of Federal Candidate Mr. Mark L Pryor		<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: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	42.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Reagan Brackett</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 03 / 2014</b>
Mailing Address 502 E Center Ave		Amount 5.07
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Mileage		Transaction ID : <b>6e158623-df83-4940-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 03 / 2014</b>
Category/Type <b>002</b>		
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Ms. Tonya Boyd</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 03 / 2014</b>
Mailing Address 2357 Fancy Cap Rd		Amount 75.00
City Mt. Airy	State NC	Zip Code 27030
Purpose of Expenditure Salary		Transaction ID : <b>535a6cc5-a670-4da0-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 03 / 2014</b>
Category/Type <b>001</b>		
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>80.07</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date **05 / 14 / 2015**

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
Ms. Tonya Boyd
Mailing Address
2357 Fancy Cap Rd
City
Mt. Airy State
NC Zip Code
27030
Date of Public Distribution/Dissemination
07 / 03 / 2014
Amount
12.60
Transaction ID : d15840f0-e01c-4885-a
Date of Disbursement or Obligation
07 / 03 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate
District: 00 State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
FedEx Office
Mailing Address
3815 Veterans Blvd
City
Metairie State
LA Zip Code
70002
Date of Public Distribution/Dissemination
07 / 03 / 2014
Amount
675.39
Transaction ID : 9acfef64-e30d-4b16-a
Date of Disbursement or Obligation
07 / 03 / 2014
Purpose of Expenditure
Flyers Category/Type
006
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate
District: 00 State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 687.99
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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
Petrina Williams
Mailing Address
3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/03/2014
Amount 51.50
Transaction ID : 0533e134-a287-4d92-b
Date of Disbursement or Obligation 07/03/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Petrina Williams
Mailing Address
3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/03/2014
Amount 13.50
Transaction ID : 013db0c1-2dd5-4313-8
Date of Disbursement or Obligation 07/03/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 65.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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 Radiane Ave
City
Metairie State
LA Zip Code
70001
Date of Public Distribution/Dissemination
07 / 03 / 2014
Amount
40.00
Transaction ID : 6038feb6-2fdd-4d11-8
Date of Disbursement or Obligation
07 / 03 / 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
554635.78
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Evelyn Lesaicherre
Mailing Address
629 Radiane Ave
City
Metairie State
LA Zip Code
70001
Date of Public Distribution/Dissemination
07 / 03 / 2014
Amount
2.10
Transaction ID : 9a7475ad-428d-4ac5-8
Date of Disbursement or Obligation
07 / 03 / 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
554635.78
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 42.10
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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 Chris McCoy
Mailing Address 1025 Cayley Ct
City High Point State NC Zip Code 27260
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/03/2014
Amount 85.00
Transaction ID : c3a8d90c-b93b-44ce-9
Date of Disbursement or Obligation 07/03/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Chris McCoy
Mailing Address 1025 Cayley Ct
City High Point State NC Zip Code 27260
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/03/2014
Amount 14.10
Transaction ID : b00af2c3-c82c-4f8f-a
Date of Disbursement or Obligation 07/03/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 99.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Navin Sadhwani

Date of Public Distribution/Dissemination
07 / 03 / 2014

Mailing Address
3751 Red Cypress Dr

Amount
60.00

City State Zip Code
New Orleans LA 70131

Transaction ID : de512cca-d078-4e75-8
Date of Disbursement or Obligation

Purpose of Expenditure
Salary Category/Type 001

Date of Disbursement or Obligation
07 / 03 / 2014

Name of Federal Candidate
Ms. Mary L Landrieu
[ ] Support [X] Oppose

Office Sought: [ ] House [X] Senate
District: 00 State: LA

Calendar Year-To-Date
Per Election for Office Sought 554635.78

Disbursement For: [ ] Primary [X] General
2014 [ ] Other (specify)

Full Name of Payee
Sharon Lloyd

Date of Public Distribution/Dissemination
07 / 03 / 2014

Mailing Address
4301 Lankford

Amount
80.00

City State Zip Code
Springdale AR 72762

Transaction ID : 3b2940f8-cb3f-4026-9
Date of Disbursement or Obligation

Purpose of Expenditure
Salary Category/Type 001

Date of Disbursement or Obligation
07 / 03 / 2014

Name of Federal Candidate
Mr. Mark L Pryor
[ ] Support [X] Oppose

Office Sought: [ ] House [X] Senate
District: 00 State: AR

Calendar Year-To-Date
Per Election for Office Sought 292370.62

Disbursement For: [ ] Primary [X] General
2014 [ ] Other (specify)

Table with 2 columns: Description and Amount. (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 05 / 14 / 2015

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 Sharon Lloyd
Mailing Address 4301 Lankford
City Springdale State AR Zip Code 72762
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014

Full Name of Payee Ethan Cranford
Mailing Address 2012 Caleb Drive
City Searcy State AR Zip Code 72143
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 19.96
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Ethan Cranford</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014
Mailing Address 2012 Caleb Drive	Amount 1.50
City State Zip Code Searcy AR 72143	<b>Transaction ID : e00fa3d9-bd37-4055-a</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Saige Anderson</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 03 / 2014
Mailing Address PO Box 424	Amount 11.50
City State Zip Code Searcy AR 72145	<b>Transaction ID : f27537ec-a043-40d9-9</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 03 / 2014
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	13.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date 05 / 14 / 2015

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
Saige Anderson
Mailing Address PO Box 424
City Searcy State AR Zip Code 72145
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination
07 / 03 / 2014
Amount 1.50
Transaction ID : 0b7748f6-cdb9-4124-8
Date of Disbursement or Obligation
07 / 03 / 2014

Name of Federal Candidate
Mr. Mark L Pryor
Support Oppose
Office Sought: House Senate State: AR

Disbursement For: Primary General
2014 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

Date of Public Distribution/Dissemination
07 / 03 / 2014
Amount 50.00
Transaction ID : ee1b2d6b-5295-459e-8
Date of Disbursement or Obligation
07 / 03 / 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 51.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: 07/03/2014
Amount: 29.10
Transaction ID: e41a6c6f-eac1-45a4-b
Date of Disbursement or Obligation: 07/03/2014
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: 554635.78
Disbursement For: [ ] Primary, [X] General 2014, [ ] Other (specify)

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
Date of Public Distribution/Dissemination: 07/03/2014
Amount: 20.00
Transaction ID: b0196314-9624-4075-8
Date of Disbursement or Obligation: 07/03/2014
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: 554635.78
Disbursement For: [ ] Primary, [X] General 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 49.10
(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: 05/14/2015
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
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 554635.78

Date of Public Distribution/Dissemination
07 / 03 / 2014
Amount
15.00
Transaction ID : 96fea949-789c-41ae-a
Date of Disbursement or Obligation
07 / 03 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Paul Rickert
Mailing Address
710 St. Martins Lane
City
Bossier City State
LA Zip Code
71111
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 554635.78

Date of Public Distribution/Dissemination
07 / 03 / 2014
Amount
15.00
Transaction ID : bd75047c-9213-4a79-a
Date of Disbursement or Obligation
07 / 03 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 30.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Paul Rickert
Mailing Address
710 St. Martins Lane
City
Bossier City State
LA Zip Code
71111
Date of Public Distribution/Dissemination
07 / 03 / 2014
Amount
3.60
Transaction ID : a49d510f-73bf-424d-b
Date of Disbursement or Obligation
07 / 03 / 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
554635.78
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Phillip Williams
Mailing Address
3007 Darden Rd
City
Greensboro State
NC Zip Code
27407
Date of Public Distribution/Dissemination
07 / 03 / 2014
Amount
50.00
Transaction ID : 2a0eba2f-aba0-47e9-9
Date of Disbursement or Obligation
07 / 03 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 53.60
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Phillip Williams
Mailing Address: 3007 Darden Rd
City: Greensboro, State: NC, Zip Code: 27407
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/03/2014
Amount: 6.00
Transaction ID: ccf85574-bb98-47b9-8
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Lauren Biviano
Mailing Address: 615 Greenwood Drive
City: Searcy, State: AR, Zip Code: 72143
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/03/2014
Amount: 25.00
Transaction ID: d222e8e8-61ab-45fd-a
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 31.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature



# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Lauren Biviano</b>		Date of Public Distribution/Dissemination <b>07 / 03 / 2014</b>
Mailing Address 615 Greenwood Drive		Amount <b>3.30</b>
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Mileage		Category/Type <b>002</b>
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</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) ▶
		<b>Transaction ID : 5046a3ce-fe7e-40f4-8</b>
		Date of Disbursement or Obligation <b>07 / 03 / 2014</b>

Full Name of Payee <b>Beverly Williams</b>		Date of Public Distribution/Dissemination <b>07 / 03 / 2014</b>
Mailing Address 3007 Darden Rd		Amount <b>50.00</b>
City Greensboro	State NC	Zip Code 27407
Purpose of Expenditure Salary		Category/Type <b>001</b>
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</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) ▶
		<b>Transaction ID : a38d048e-8ad2-4131-a</b>
		Date of Disbursement or Obligation <b>07 / 03 / 2014</b>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>53.30</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

Signature Ms. Emily Buchanan      [Electronically Filed]      Date **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Francis Richardson</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014	
Mailing Address 220 Doucet Rd		Amount 30.00	
City Lafayette	State LA	Zip Code 70503	<b>Transaction ID : 5fdc3c0b-3d78-4c2c-b</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 03 / 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	
Calendar Year-To-Date Per Election for Office Sought 554635.78		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 <b>Francis Richardson</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2014	
Mailing Address 220 Doucet Rd		Amount 2.70	
City Lafayette	State LA	Zip Code 70503	<b>Transaction ID : 5537bb36-fa6e-45a6-b</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 03 / 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	
Calendar Year-To-Date Per Election for Office Sought 554635.78		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) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	32.70
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

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 Kenny Wallis
Mailing Address 6412 Osage Dr
City North Little rock State AR Zip Code 72116
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/03/2014
Amount 15.00
Transaction ID : 0aebad4e-2b8a-43fc-8
Date of Disbursement or Obligation 07/03/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Disbursement For: Primary General 2014

Full Name of Payee Kenny Wallis
Mailing Address 6412 Osage Dr
City North Little rock State AR Zip Code 72116
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/03/2014
Amount 0.90
Transaction ID : beda7c93-61f6-425d-a
Date of Disbursement or Obligation 07/03/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 15.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Ralph Smith
Mailing Address
2090 Fancy Gap Rd
City
Mt. Airy State
NC Zip Code
27030
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 03 / 2014
Amount
75.00
Transaction ID : 7f17c276-aaf7-4450-a
Date of Disbursement or Obligation
07 / 03 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Ralph Smith
Mailing Address
2090 Fancy Gap Rd
City
Mt. Airy State
NC Zip Code
27030
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 03 / 2014
Amount
12.39
Transaction ID : af999ff6-151e-4ec5-9
Date of Disbursement or Obligation
07 / 03 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 87.39
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Xavier Miller</b>	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 03 / 2014</b>
Mailing Address <b>407 randall Dr</b>	Amount <b>30.00</b>
City <b>Searcy</b> State <b>AR</b> Zip Code <b>72143</b>	<b>Transaction ID : 91846ec9-eee4-402d-a</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 03 / 2014</b>
Purpose of Expenditure <b>Salary</b> Category/Type <b>001</b>	Name of Federal Candidate <b>Mr. Mark L Pryor</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Peter Sahuc</b>	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 03 / 2014</b>
Mailing Address <b>107 Phillip Ave</b>	Amount <b>15.00</b>
City <b>Lafayette</b> State <b>LA</b> Zip Code <b>70503</b>	<b>Transaction ID : be78dfb5-f133-40a2-8</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 03 / 2014</b>
Purpose of Expenditure <b>Salary</b> Category/Type <b>001</b>	Name of Federal Candidate <b>Ms. Mary L Landrieu</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>45.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan* [Electronically Filed] Date **05 / 14 / 2015**

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Eric Wilson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 03 / 2014</b>
Mailing Address 907 Randall Drive		Amount 30.00
City Searcy	State AR	Zip Code 72149
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : 588293e8-51a8-440c-a

Full Name of Payee <b>Sarah Nugent</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 04 / 2014</b>
Mailing Address 2 White Oak Court		Amount 30.00
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : 6d2dcbcb6-07e6-43d4-8

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	60.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

*Ms. Emily Buchanan*      **[Electronically Filed]**      Date **05 / 14 / 2015**

Signature \_\_\_\_\_

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Sarah Nugent</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 04 / 2014	
Mailing Address 2 White Oak Court		Amount 2.11	
City Searcy	State AR	Zip Code 72143	Transaction ID : d7882885-dfc2-4c33-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 04 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		<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: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Amanda Boley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 04 / 2014	
Mailing Address Split Oak Drive		Amount 40.00	
City charlotte	State NC	Zip Code 28227	Transaction ID : 8611f9fb-e2d2-42fe-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 04 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		<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		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	42.11
(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*  
Signature

[Electronically Filed] Date MM / DD / YYYY  
05 / 14 / 2015

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
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 554635.78

Date of Public Distribution/Dissemination
07 / 04 / 2014
Amount
22.26
Transaction ID : f173dc04-3066-4932-8
Date of Disbursement or Obligation
07 / 04 / 2014
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Brooke Graphia
Mailing Address
2306 Brownlee Rd.
City
Bossier City State
LA Zip Code
71111
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 554635.78

Date of Public Distribution/Dissemination
07 / 04 / 2014
Amount
10.00
Transaction ID : 82fcffae-4367-4880-9
Date of Disbursement or Obligation
07 / 04 / 2014
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 32.26
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Brooke Graphia</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 04 / 2014
Mailing Address 2306 Brownlee Rd.	Amount <span style="border: 1px solid black; padding: 2px;">0.63</span>
City State Zip Code Bossier City LA 71111	<b>Transaction ID : 4f716607-d53f-4d20-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 04 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Rachelle Doucet</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 04 / 2014
Mailing Address 73 Catalpa Trace	Amount <span style="border: 1px solid black; padding: 2px;">10.00</span>
City State Zip Code Covington LA 70433	<b>Transaction ID : cf2f1bd0-a90f-414a-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 04 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">10.63</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Lisa Booth</b>	Date of Public Distribution/Dissemination <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 04 / 2014</b>
Mailing Address <b>1434 South Avenue</b>	Amount <span style="float:right">60.00</span>
City <b>Eden</b> State <b>NC</b> Zip Code <b>27288</b>	<b>Transaction ID : 39196e4a-0a28-4a33-a</b> Date of Disbursement or Obligation <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 04 / 2014</b>
Purpose of Expenditure <b>Salary</b> Category/Type <b>001</b>	Name of Federal Candidate <b>Ms. Kay Hagan</b> <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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="float:right">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Lisa Booth</b>	Date of Public Distribution/Dissemination <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 04 / 2014</b>
Mailing Address <b>1434 South Avenue</b>	Amount <span style="float:right">7.80</span>
City <b>Eden</b> State <b>NC</b> Zip Code <b>27288</b>	<b>Transaction ID : 5c2394c8-9b67-472e-a</b> Date of Disbursement or Obligation <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 04 / 2014</b>
Purpose of Expenditure <b>Mileage</b> Category/Type <b>002</b>	Name of Federal Candidate <b>Ms. Kay Hagan</b> <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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="float:right">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="float:right">67.80</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="float:right"> </span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="float:right"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
**05 / 14 / 2015**

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
Peter Sahuc
Mailing Address
107 Phillip Ave
City
Lafayette State
LA Zip Code
70503
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 04 / 2014
Amount
17.50
Transaction ID : 89b762ff-e2db-4f18-b
Date of Disbursement or Obligation
07 / 04 / 2014
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Chris McCoy
Mailing Address
1025 Cayley Ct
City
High Point State
NC Zip Code
27260
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 04 / 2014
Amount
80.00
Transaction ID : c6cd148b-d1d1-4b83-8
Date of Disbursement or Obligation
07 / 04 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 97.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Chris McCoy
Mailing Address
1025 Cayley Ct
City
High Point State
NC Zip Code
27260
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 04 / 2014
Amount
9.30
Transaction ID : bed0b50d-e7a6-4cb1-b
Date of Disbursement or Obligation
07 / 04 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Edwin H Parnell
Mailing Address
122 Olde Point Rd
City
Hampsted State
NC Zip Code
28443
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 04 / 2014
Amount
35.00
Transaction ID : 28ff62ef-9ea6-4777-b
Date of Disbursement or Obligation
07 / 04 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 44.30
(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 05 / 14 / 2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Christopher Marquess</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 04 / 2014
Mailing Address 110 W Pecan St	Amount 29.40
City State Zip Code Ville Platte LA 70586	<b>Transaction ID : 5ade7f6e-b10e-452a-8</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 04 / 2014
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu	<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 554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Cassidy Quartararo</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 04 / 2014
Mailing Address 632 Cameron Court	Amount 45.00
City State Zip Code Kenner LA 70065	<b>Transaction ID : fe6e6136-c150-4a71-9</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 04 / 2014
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	<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 554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	74.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

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
Cassidy Quartararo
Mailing Address
632 Cameron Court
City
Kenner State
LA Zip Code
70065
Date of Public Distribution/Dissemination
07 / 04 / 2014
Amount
6.54
Transaction ID : e302059c-3a3b-459f-9
Purpose of Expenditure
Mileage Category/Type
002
Date of Disbursement or Obligation
07 / 04 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
House District: 00
Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Francis Richardson
Mailing Address
220 Doucet Rd
City
Lafayette State
LA Zip Code
70503
Date of Public Distribution/Dissemination
07 / 04 / 2014
Amount
20.00
Transaction ID : cd8fcd09-0920-4496-9
Purpose of Expenditure
Salary Category/Type
001
Date of Disbursement or Obligation
07 / 04 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
House District: 00
Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 26.54
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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: Ralph Smith
Mailing Address: 2090 Fancy Gap Rd
City: Mt. Airy, State: NC, Zip Code: 27030
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 12.60
Transaction ID: efadec6b-1327-44f2-9
Date of Disbursement or Obligation: 07/04/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Matthew Manuel
Mailing Address: 1392 Lee Street
City: Ville Platte, State: LA, Zip Code: 70586
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 40.00
Transaction ID: 45521de9-4c97-4ae5-b
Date of Disbursement or Obligation: 07/04/2014
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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 52.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Matthew Manuel</b>		Date of Public Distribution/Dissemination 07 / 04 / 2014
Mailing Address 1392 Lee Street		Amount 14.40
City Ville Platte	State LA	Zip Code 70586
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 15a67365-65de-40ba-b Date of Disbursement or Obligation 07 / 04 / 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	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Ms. Tonya Boyd</b>		Date of Public Distribution/Dissemination 07 / 04 / 2014
Mailing Address 2357 Fancy Cap Rd		Amount 75.00
City Mt. Airy	State NC	Zip Code 27030
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : c36cede3-6c29-47f5-a Date of Disbursement or Obligation 07 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	89.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015

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: Ms. Tonya Boyd
Mailing Address: 2357 Fancy Cap Rd
City: Mt. Airy, State: NC, Zip Code: 27030
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 12.60
Transaction ID: c92e0eb3-46fa-4a7f-a
Date of Disbursement or Obligation: 07/04/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Donald Dessauer
Mailing Address: 1804 Auburn Ave
City: Metairie, State: LA, Zip Code: 70003
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 15.00
Transaction ID: d944b341-f5b0-4604-b
Date of Disbursement or Obligation: 07/05/2014
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..... 27.60
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Tarrin Lesaicherre</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 03 / 2014</b>
Mailing Address 629 Radiance Ave		Amount <b>40.00</b>
City Metairie	State LA	Zip Code 70001
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 03 / 2014</b>
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 <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Tarrin Lesaicherre</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 03 / 2014</b>
Mailing Address 629 Radiance Ave		Amount <b>2.10</b>
City Metairie	State LA	Zip Code 70001
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 03 / 2014</b>
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 <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>42.10</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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 Jonathan Odette
Mailing Address 9600 Earpsboro Chamblee Road
City Wendell State NC Zip Code 27591
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07 / 05 / 2014
Amount 60.00
Transaction ID : 88ce659d-da0b-4c4e-8
Date of Disbursement or Obligation 07 / 05 / 2014
Name of Federal Candidate Ms. Kay Hagan
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General 2014

Full Name of Payee Jonathan Odette
Mailing Address 9600 Earpsboro Chamblee Road
City Wendell State NC Zip Code 27591
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07 / 05 / 2014
Amount 9.60
Transaction ID : 3592fa9b-e4a2-4a47-a
Date of Disbursement or Obligation 07 / 05 / 2014
Name of Federal Candidate Ms. Kay Hagan
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 69.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
James Kindstedt
Mailing Address
5510 Dogwood Dr
City
Winston Salem State
NC Zip Code
27105
Date of Public Distribution/Dissemination
07 / 05 / 2014
Amount
40.00
Transaction ID : bd5256ab-a1d5-407c-8
Date of Disbursement or Obligation
07 / 05 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Office Sought:
House District: 00
President Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
James Kindstedt
Mailing Address
5510 Dogwood Dr
City
Winston Salem State
NC Zip Code
27105
Date of Public Distribution/Dissemination
07 / 05 / 2014
Amount
12.57
Transaction ID : 4990ff89-b199-489f-8
Date of Disbursement or Obligation
07 / 05 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Office Sought:
House District: 00
President Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 52.57
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Joanna Kindstedt</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 2134 Tobaccoville Rd		Amount <input type="text"/>	
City Rural Hall	State NC	Zip Code 27045	Transaction ID : <b>d6ca925e-0252-47d0-8</b>
Purpose of Expenditure Salary	Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>NC</u>
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 <b>Ky Broussard</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 301 N Cedar Street		Amount <input type="text"/>	
City Abbeville	State LA	Zip Code 70510	Transaction ID : <b>ab69a031-f71b-45fd-b</b>
Purpose of Expenditure Salary	Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>LA</u>
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) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<input type="text"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) <b>TOTAL</b> 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.

Signature Ms. Emily Buchanan [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 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Ky Broussard
Mailing Address
301 N Cedar Street
City
Abbeville State
LA Zip Code
70510
Date of Public Distribution/Dissemination
07 / 05 / 2014
Amount
12.90
Transaction ID : f15134fe-5060-419b-a
Date of Disbursement or Obligation
07 / 05 / 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
554635.78
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Jennie Butler
Mailing Address
1676 Shady Creek Rd
City
Ayden State
NC Zip Code
28513
Date of Public Distribution/Dissemination
07 / 05 / 2014
Amount
23.30
Transaction ID : deaca527-93fb-4599-a
Date of Disbursement or Obligation
07 / 05 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate
District: 00 State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 36.20
(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 05 / 14 / 2015
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
Jennie Butler
Mailing Address
1676 Shady Creek Rd
City
Ayden State
NC Zip Code
28513
Date of Public Distribution/Dissemination
07 / 05 / 2014
Amount
8.52
Transaction ID : 18a892ef-fea7-4fb1-9
Date of Disbursement or Obligation
07 / 05 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate
Disbursement For: Primary General

Full Name of Payee
Emily Butler
Mailing Address
1676 Shady Creek Rd
City
Ayden State
NC Zip Code
28513
Date of Public Distribution/Dissemination
07 / 05 / 2014
Amount
30.00
Transaction ID : 7434ca2a-ac79-47ab-8
Date of Disbursement or Obligation
07 / 05 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate
Disbursement For: Primary General

(a) SUBTOTAL of Itemized Independent Expenditures..... 38.52
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Lily Green</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>205 Medallion Circle</b>		Amount <input type="text"/>
City <b>Shreveport</b>	State <b>LA</b>	Zip Code <b>71119</b>
Purpose of Expenditure Salary		Category/Type <input type="text"/> <b>001</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		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 <input type="text"/> <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Transaction ID : **6aaede5-7982-43ef-9**  
Date of Disbursement or Obligation  
 /  /

Full Name of Payee <b>Lily Green</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>205 Medallion Circle</b>		Amount <input type="text"/>
City <b>Shreveport</b>	State <b>LA</b>	Zip Code <b>71119</b>
Purpose of Expenditure Mileage		Category/Type <input type="text"/> <b>002</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		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 <input type="text"/> <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Transaction ID : **c6496b8c-bc96-4fa4-8**  
Date of Disbursement or Obligation  
 /  /

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<input type="text"/> <b>65.60</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<input type="text"/>
(c) <b>TOTAL</b> 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) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Jennifer Susky</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 05 / 2014
Mailing Address 1117 Shadow Lane	Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>
City Benton State AR Zip Code 72015	<b>Transaction ID : 1ca3843d-3983-48de-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 05 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Mr. Mark L Pryor <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: AR
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jennifer Susky</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 05 / 2014
Mailing Address 1117 Shadow Lane	Amount <span style="border: 1px solid black; padding: 2px;">1.50</span>
City Benton State AR Zip Code 72015	<b>Transaction ID : 632f866a-f291-4187-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 05 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Mr. Mark L Pryor <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: AR
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">21.50</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

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: Petrina Williams
Mailing Address: 3007 Darden Rd
City: Greensboro, State: NC, Zip Code: 27407
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/05/2014
Amount: 80.00
Transaction ID: 258a5c52-c6b5-4949-8
Date of Disbursement or Obligation: 07/05/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

Full Name of Payee: Petrina Williams
Mailing Address: 3007 Darden Rd
City: Greensboro, State: NC, Zip Code: 27407
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/05/2014
Amount: 7.20
Transaction ID: e233020b-fa44-4577-8
Date of Disbursement or Obligation: 07/05/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 87.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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 Mr. Michael Vidrine
Mailing Address 458 Hebert Rd
City Palmetto State LA Zip Code 71358
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/05/2014
Amount 43.00
Transaction ID : c75c7fe8-9690-4af0-9
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 Mr. Michael Vidrine
Mailing Address 458 Hebert Rd
City Palmetto State LA Zip Code 71358
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/05/2014
Amount 28.20
Transaction ID : 1ba5956c-7ede-4b92-8
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 71.20
(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 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Paul Rickert</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 05 / 2014</b>
Mailing Address 710 St. Martins Lane	Amount <b>45.00</b>
City Bossier City	State LA
Zip Code 71111	Transaction ID : <b>cccd77ae-597d-4e6c-8</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 05 / 2014</b>
Category/Type <b>001</b>	
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	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Paul Rickert</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 05 / 2014</b>
Mailing Address 710 St. Martins Lane	Amount <b>5.10</b>
City Bossier City	State LA
Zip Code 71111	Transaction ID : <b>8ab20182-9268-43fe-9</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 05 / 2014</b>
Category/Type <b>002</b>	
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	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>50.10</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date **05 / 14 / 2015**

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
Najib Mahmud
Mailing Address
3432 Riverrock Ct
City
Baton Rouge State
LA Zip Code
70820
Date of Public Distribution/Dissemination
07 / 05 / 2014
Amount
45.00
Transaction ID : 3b3a43c7-43db-4276-a
Date of Disbursement or Obligation
07 / 05 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State:
LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
General 2014

Full Name of Payee
Najib Mahmud
Mailing Address
3432 Riverrock Ct
City
Baton Rouge State
LA Zip Code
70820
Date of Public Distribution/Dissemination
07 / 05 / 2014
Amount
1.50
Transaction ID : b0316002-c7e4-49e2-9
Date of Disbursement or Obligation
07 / 05 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State:
LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
General 2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 46.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
07 / 05 / 2014
Amount
60.00
Transaction ID : de111ff9-3a4c-4bb6-8
Date of Disbursement or Obligation
07 / 05 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
General 2014

Full Name of Payee
Evelyn Lesaicherre
Mailing Address
629 Radiance Ave
City
Metairie State
LA Zip Code
70001
Date of Public Distribution/Dissemination
07 / 05 / 2014
Amount
2.40
Transaction ID : 6ca98035-96c4-4581-b
Date of Disbursement or Obligation
07 / 05 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
General 2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 62.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Tarrin Lesaicherre</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 05 / 2014</b>
Mailing Address 629 Radiane Ave	Amount <b>40.00</b>
City State Zip Code Metairie LA 70001	<b>Transaction ID : 0f22c53c-11ee-4c0c-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 05 / 2014</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>
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 <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Tarrin Lesaicherre</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 05 / 2014</b>
Mailing Address 629 Radiane Ave	Amount <b>2.40</b>
City State Zip Code Metairie LA 70001	<b>Transaction ID : 25be0d5e-14fe-4f99-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 05 / 2014</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>
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 <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>42.40</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00530766</span> </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 <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee <b>Jeanne Tribou</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> 07 / 05 / 2014								
Mailing Address    22369 Ponderosa Dr.	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">50.00</div>								
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Mandeville</td> <td>LA</td> <td>70471</td> </tr> </table>	City	State	Zip Code	Mandeville	LA	70471	<b>Transaction ID : e7c27f42-d584-48e5-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> 07 / 05 / 2014		
City	State	Zip Code							
Mandeville	LA	70471							
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Purpose of Expenditure</td> <td style="width:50%;">Category/Type</td> </tr> <tr> <td>Salary</td> <td style="border: 1px solid black; text-align: center;">001</td> </tr> </table>	Purpose of Expenditure	Category/Type	Salary	001	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Name of Federal Candidate</td> <td style="width:50%;">Office Sought:</td> </tr> <tr> <td>Ms. Mary L Landrieu</td> <td> <input type="checkbox"/> House    District: <u>00</u>  <input type="checkbox"/> President    <input checked="" type="checkbox"/> Senate    State: <u>LA</u> </td> </tr> </table>	Name of Federal Candidate	Office Sought:	Ms. Mary L Landrieu	<input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Purpose of Expenditure	Category/Type								
Salary	001								
Name of Federal Candidate	Office Sought:								
Ms. Mary L Landrieu	<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; text-align: right;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____								

Full Name of Payee <b>Jeanne Tribou</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> 07 / 05 / 2014								
Mailing Address    22369 Ponderosa Dr.	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">3.60</div>								
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Mandeville</td> <td>LA</td> <td>70471</td> </tr> </table>	City	State	Zip Code	Mandeville	LA	70471	<b>Transaction ID : e9e7d588-27bd-456b-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> 07 / 05 / 2014		
City	State	Zip Code							
Mandeville	LA	70471							
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Purpose of Expenditure</td> <td style="width:50%;">Category/Type</td> </tr> <tr> <td>Mileage</td> <td style="border: 1px solid black; text-align: center;">002</td> </tr> </table>	Purpose of Expenditure	Category/Type	Mileage	002	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Name of Federal Candidate</td> <td style="width:50%;">Office Sought:</td> </tr> <tr> <td>Ms. Mary L Landrieu</td> <td> <input type="checkbox"/> House    District: <u>00</u>  <input type="checkbox"/> President    <input checked="" type="checkbox"/> Senate    State: <u>LA</u> </td> </tr> </table>	Name of Federal Candidate	Office Sought:	Ms. Mary L Landrieu	<input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Purpose of Expenditure	Category/Type								
Mileage	002								
Name of Federal Candidate	Office Sought:								
Ms. Mary L Landrieu	<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; text-align: right;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____								

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">53.60</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; 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 M / D D D / Y Y Y Y Y Y

  
 05 / 14 / 2015

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
Dylan Simon
Mailing Address
111 Millrock Drive
City
Lafayette State
LA Zip Code
70508
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
07 / 05 / 2014
Amount
41.83
Transaction ID : b473f33b-e122-4e4e-b
Date of Disbursement or Obligation
07 / 05 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Support
Oppose
Office Sought:
House
Senate
District: 00
State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Primary
General
2014
Other (specify)

Full Name of Payee
Dylan Simon
Mailing Address
111 Millrock Drive
City
Lafayette State
LA Zip Code
70508
Purpose of Expenditure
Mileage Category/Type
002
Date of Public Distribution/Dissemination
07 / 05 / 2014
Amount
2.52
Transaction ID : 5c865d5d-069a-4be9-b
Date of Disbursement or Obligation
07 / 05 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Support
Oppose
Office Sought:
House
Senate
District: 00
State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Primary
General
2014
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 44.35
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> 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 <b>Cassidy Quartararo</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>07 / 05 / 2014</span> </div>	
Mailing Address 632 Cameron Court		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">55.00</div>	
City Kenner	State LA	Zip Code 70065	<b>Transaction ID : 254690c1-b4d3-4867-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>07 / 05 / 2014</span> </div>
Purpose of Expenditure Salary	Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>		
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) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">554635.78</div>			

Full Name of Payee <b>Cassidy Quartararo</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>07 / 05 / 2014</span> </div>	
Mailing Address 632 Cameron Court		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">6.78</div>	
City Kenner	State LA	Zip Code 70065	<b>Transaction ID : f62aa4a3-eb12-4fc2-9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>07 / 05 / 2014</span> </div>
Purpose of Expenditure Mileage	Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>		
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) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">554635.78</div>			

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">61.78</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </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

05 / 14 / 2015

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: Ethan Cranford
Mailing Address: 2012 Caleb Drive
City: Searcy, State: AR, Zip Code: 72143
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/05/2014
Amount: 17.50
Transaction ID: df29f90a-266d-4d88-b
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Ethan Cranford
Mailing Address: 2012 Caleb Drive
City: Searcy, State: AR, Zip Code: 72143
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/05/2014
Amount: 2.31
Transaction ID: 59c1c044-afdb-47b2-9
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 19.81
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>	
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 <b>Chris McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 05 / 2014</b>	
Mailing Address 1025 Cayley Ct		Amount <b>50.00</b>	
City High Point	State NC	Zip Code 27260	Transaction ID : <b>a9e1ef4a-65ad-49c4-9</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 05 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<b>1095959.94</b>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Chris McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 05 / 2014</b>	
Mailing Address 1025 Cayley Ct		Amount <b>7.80</b>	
City High Point	State NC	Zip Code 27260	Transaction ID : <b>eeca34a1-9a2d-452c-9</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 05 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<b>1095959.94</b>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>57.80</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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: 07/05/2014
Amount: 12.50
Transaction ID: cf070588-abf9-4f1e-b
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: General 2014

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: 07/05/2014
Amount: 0.30
Transaction ID: 9142aaac-abbb-4d2e-8
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 12.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Earl Stewart
Mailing Address
9455 Snow Camp Road
City
Snowcamp State
NC Zip Code
27349
Purpose of Expenditure
Salary Category/
Type
001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 05 / 2014
Amount
70.00
Transaction ID : ab50fba2-cb12-42f9-a
Date of Disbursement or Obligation
07 / 05 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Earl Stewart
Mailing Address
9455 Snow Camp Road
City
Snowcamp State
NC Zip Code
27349
Purpose of Expenditure
Mileage Category/
Type
002
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 05 / 2014
Amount
6.00
Transaction ID : 329efdc2-d1d3-48ec-b
Date of Disbursement or Obligation
07 / 05 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
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
05 / 14 / 2015
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 Francis Richardson
Mailing Address 220 Doucet Rd
City Lafayette State LA Zip Code 70503
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07 / 05 / 2014
Amount 25.00
Transaction ID : 43ea77d4-5374-4ab2-a
Date of Disbursement or Obligation 07 / 05 / 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 554635.78
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Francis Richardson
Mailing Address 220 Doucet Rd
City Lafayette State LA Zip Code 70503
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07 / 05 / 2014
Amount 0.84
Transaction ID : b723b76b-2a07-4d1d-8
Date of Disbursement or Obligation 07 / 05 / 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 554635.78
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 25.84
(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 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>James Tatro</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 05 / 2014</b>		
Mailing Address    1208 Braeburn Rd			Amount <b>80.00</b>		
City Charlotte	State NC	Zip Code 28211	<b>Transaction ID : 8a56630d-9a5c-4099-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 05 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <b>001</b>	Name of Federal Candidate Ms. Kay Hagan <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		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		<b>1095959.94</b>			

Full Name of Payee <b>James Tatro</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 05 / 2014</b>		
Mailing Address    1208 Braeburn Rd			Amount <b>1.80</b>		
City Charlotte	State NC	Zip Code 28211	<b>Transaction ID : 46968f66-94ed-4a26-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 05 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <b>002</b>	Name of Federal Candidate Ms. Kay Hagan <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>		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		<b>1095959.94</b>			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>81.80</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00530766</span> </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 <b>Beverly Williams</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 05 / 2014</span> </div>						
Mailing Address    3007 Darden Rd	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">75.00</span> </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>Greensboro</td> <td>NC</td> <td>27407</td> </tr> </table>	City	State	Zip Code	Greensboro	NC	27407	<b>Transaction ID : a31d128a-27b5-4036-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 05 / 2014</span> </div>
City	State	Zip Code					
Greensboro	NC	27407					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> <span style="font-size: 1.2em; font-weight: bold;">001</span> </div>						
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">1095959.94</span> </div>						
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____							

Full Name of Payee <b>Phillip Williams</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 05 / 2014</span> </div>						
Mailing Address    3007 Darden Rd	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">75.00</span> </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>Greensboro</td> <td>NC</td> <td>27407</td> </tr> </table>	City	State	Zip Code	Greensboro	NC	27407	<b>Transaction ID : 2e43088f-6a05-4ce4-9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 05 / 2014</span> </div>
City	State	Zip Code					
Greensboro	NC	27407					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> <span style="font-size: 1.2em; font-weight: bold;">001</span> </div>						
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">1095959.94</span> </div>						
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____							

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">150.00</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </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  
05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Phillip Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 05 / 2014	
Mailing Address 3007 Darden Rd		Amount 7.80	
City Greensboro	State NC	Zip Code 27407	Transaction ID : <b>68b35903-1dfd-429e-b</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 05 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lisa Booth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 06 / 2014	
Mailing Address 1434 South Avenue		Amount 95.00	
City Eden	State NC	Zip Code 27288	Transaction ID : <b>6d1e44bc-af40-46f4-b</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 06 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	102.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date MM / DD / YYYY  
05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Lisa Booth</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1434 South Avenue		Amount <input type="text"/>	
City Eden	State NC	Zip Code 27288	Transaction ID : <b>baeea21a-20bd-47e8-b</b>
Purpose of Expenditure Mileage	Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>NC</u>
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 <b>Reagan Brackett</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 502 E Center Ave		Amount <input type="text"/>	
City Searcy	State AR	Zip Code 72143	Transaction ID : <b>977934b2-bebb-4898-a</b>
Purpose of Expenditure Salary	Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>AR</u>
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) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<input type="text"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<input type="text"/>
(c) <b>TOTAL</b> 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 [Electronically Filed] Date  /  /

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Lily Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 06 / 2014</b>	
Mailing Address 205 Medallion Circle		Amount <b>65.00</b>	
City Shreveport	State LA	Zip Code 71119	Transaction ID : <b>10636cd5-3a95-4b85-8</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 06 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lily Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 06 / 2014</b>	
Mailing Address 205 Medallion Circle		Amount <b>22.80</b>	
City Shreveport	State LA	Zip Code 71119	Transaction ID : <b>bb900637-defc-4074-9</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 06 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>87.80</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00530766</span> </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 <b>Michael Vidrine</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; border: 1px solid black; display: inline-block; width: 30px; height: 20px; text-align: center;">07</span> /          <span style="font-size: 1.2em; border: 1px solid black; display: inline-block; width: 30px; height: 20px; text-align: center;">06</span> /          <span style="font-size: 1.2em; border: 1px solid black; display: inline-block; width: 60px; height: 20px; text-align: center;">2014</span> </div>						
Mailing Address    1103 West Wilson Street	Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> <span style="float: right; font-size: 1.2em;">50.00</span> </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	<b>Transaction ID : 68a3b54e-7d07-4c77-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; border: 1px solid black; display: inline-block; width: 30px; height: 20px; text-align: center;">07</span> /          <span style="font-size: 1.2em; border: 1px solid black; display: inline-block; width: 30px; height: 20px; text-align: center;">06</span> /          <span style="font-size: 1.2em; border: 1px solid black; display: inline-block; width: 60px; height: 20px; text-align: center;">2014</span> </div>
City	State	Zip Code					
Ville Platte	LA	70586					
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px; font-size: 1.2em;">001</span>						
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; width: 100%;"> <span style="float: right; font-size: 1.2em;">554635.78</span> </div>						
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____							

Full Name of Payee <b>Michael Vidrine</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; border: 1px solid black; display: inline-block; width: 30px; height: 20px; text-align: center;">07</span> /          <span style="font-size: 1.2em; border: 1px solid black; display: inline-block; width: 30px; height: 20px; text-align: center;">06</span> /          <span style="font-size: 1.2em; border: 1px solid black; display: inline-block; width: 60px; height: 20px; text-align: center;">2014</span> </div>						
Mailing Address    1103 West Wilson Street	Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> <span style="float: right; font-size: 1.2em;">17.70</span> </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	<b>Transaction ID : 185cd6a4-19dd-4333-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; border: 1px solid black; display: inline-block; width: 30px; height: 20px; text-align: center;">07</span> /          <span style="font-size: 1.2em; border: 1px solid black; display: inline-block; width: 30px; height: 20px; text-align: center;">06</span> /          <span style="font-size: 1.2em; border: 1px solid black; display: inline-block; width: 60px; height: 20px; text-align: center;">2014</span> </div>
City	State	Zip Code					
Ville Platte	LA	70586					
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px; font-size: 1.2em;">002</span>						
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; width: 100%;"> <span style="float: right; font-size: 1.2em;">554635.78</span> </div>						
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____							

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> <span style="float: right; font-size: 1.2em;">67.70</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> <span style="float: right; font-size: 1.2em;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> <span style="float: right; font-size: 1.2em;"> </span> </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 05 / 14 / 2015



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: 07/06/2014
Amount: 40.00
Transaction ID: 8ad18559-93d9-49d0-a
Date of Disbursement or Obligation: 07/06/2014
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: 554635.78

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: 07/06/2014
Amount: 29.40
Transaction ID: c8357e62-a07a-4959-8
Date of Disbursement or Obligation: 07/06/2014
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: 554635.78

(a) SUBTOTAL of Itemized Independent Expenditures: 69.40
(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: 05/14/2015

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 Jonathan Odette
Mailing Address 9600 Earpsboro Chamblee Road
City Wendell State NC Zip Code 27591
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/06/2014
Amount 35.00
Transaction ID : 4b5851a5-46df-491f-a
Date of Disbursement or Obligation 07/06/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Disbursement For: Primary General 2014

Full Name of Payee Jonathan Odette
Mailing Address 9600 Earpsboro Chamblee Road
City Wendell State NC Zip Code 27591
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/06/2014
Amount 9.60
Transaction ID : 8053dbff-c82b-44be-8
Date of Disbursement or Obligation 07/06/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 44.60
(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 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Chris McCoy</b>	
Mailing Address   1025 Cayley Ct	
City High Point	State NC
Zip Code 27260	
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought   1095959.94	

Date of Public Distribution/Dissemination 07 / 06 / 2014
Amount 50.00
<b>Transaction ID : 39a66245-aedd-476d-9</b>
Date of Disbursement or Obligation 07 / 06 / 2014
Office Sought: <input type="checkbox"/> House   District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate   State: NC
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Chris McCoy</b>	
Mailing Address   1025 Cayley Ct	
City High Point	State NC
Zip Code 27260	
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought   1095959.94	

Date of Public Distribution/Dissemination 07 / 06 / 2014
Amount 12.30
<b>Transaction ID : da65711f-7607-4fbb-8</b>
Date of Disbursement or Obligation 07 / 06 / 2014
Office Sought: <input type="checkbox"/> House   District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate   State: NC
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	62.30
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 05 / 14 / 2015

[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 <b>Francis Richardson</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 220 Doucet Rd		Amount <input type="text"/>	
City Lafayette	State LA	Zip Code 70503	<b>Transaction ID : 088122ac-bd77-4faa-8</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Salary	Category/ Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
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 <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Francis Richardson</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 220 Doucet Rd		Amount <input type="text"/>	
City Lafayette	State LA	Zip Code 70503	<b>Transaction ID : 8d978f4d-5e16-44c0-8</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Mileage	Category/ Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
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 <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<input type="text"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) <b>TOTAL</b> 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) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Andrew Shiver</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 06 / 2014
Mailing Address 110 Earlston Ct	Amount <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 35.00
City Knightdale State NC Zip Code 27545	<b>Transaction ID : d59e5ba9-38a4-4138-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 06 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Kay Hagan <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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Andrew Shiver</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 06 / 2014
Mailing Address 110 Earlston Ct	Amount <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 6.60
City Knightdale State NC Zip Code 27545	<b>Transaction ID : 8c81809e-2a0d-4b74-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 06 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Ms. Kay Hagan <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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 41.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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 05 / 14 / 2015

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
Kenny Wallis
Mailing Address
6412 Osage Dr
City
North Little rock State
AR Zip Code
72116
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 06 / 2014
Amount
15.00
Transaction ID : ff19cd93-4044-42c9-9
Date of Disbursement or Obligation
07 / 06 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Kenny Wallis
Mailing Address
6412 Osage Dr
City
North Little rock State
AR Zip Code
72116
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 06 / 2014
Amount
1.41
Transaction ID : f9608c17-88e2-4ecb-9
Date of Disbursement or Obligation
07 / 06 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 16.41
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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 Nathan Smith
Mailing Address 1247 W Mt Comfort Rd
City Fayetteville State AR Zip Code 72703
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/06/2014
Amount 41.60
Transaction ID : c88f3799-cd93-4499-b
Date of Disbursement or Obligation 07/06/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Nathan Smith
Mailing Address 1247 W Mt Comfort Rd
City Fayetteville State AR Zip Code 72703
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/06/2014
Amount 15.00
Transaction ID : 810e2847-bf71-48b6-b
Date of Disbursement or Obligation 07/06/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 56.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
---	--

Check if  24-hour report     48-hour report     New report     Amends report filed on  /  /

Full Name of Payee <b>Andrew Shiver</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 110 Earlston Ct	Amount <input type="text"/>
City Knightdale      State NC      Zip Code 27545	<b>Transaction ID : ea36e8b6-e057-4741-8</b>
Purpose of Expenditure Salary      Category/Type <input type="text"/> 001	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate Ms. Kay Hagan <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: NC
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Andrew Shiver</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 110 Earlston Ct	Amount <input type="text"/>
City Knightdale      State NC      Zip Code 27545	<b>Transaction ID : b111cd25-f88f-4651-8</b>
Purpose of Expenditure Mileage      Category/Type <input type="text"/> 002	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate Ms. Kay Hagan <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: NC
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<input type="text"/> 69.30
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) <b>TOTAL</b> 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*      [Electronically Filed]      Date  /  /

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <b>Lorri Anderson</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 07 / 2014</b>
Mailing Address <b>7214 Duchamp Dr</b>	Amount <b>20.00</b>
City <b>Charlotte</b> State <b>NC</b> Zip Code <b>23215</b>	<b>Transaction ID : 5da529df-7ee7-4b39-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 07 / 2014</b>
Purpose of Expenditure <b>Salary</b> Category/Type <b>001</b>	Name of Federal Candidate <b>Ms. Kay Hagan</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Lorri Anderson</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 07 / 2014</b>
Mailing Address <b>7214 Duchamp Dr</b>	Amount <b>4.80</b>
City <b>Charlotte</b> State <b>NC</b> Zip Code <b>23215</b>	<b>Transaction ID : bf6b1fc4-2e62-45b5-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 07 / 2014</b>
Purpose of Expenditure <b>Mileage</b> Category/Type <b>002</b>	Name of Federal Candidate <b>Ms. Kay Hagan</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>24.80</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      **[Electronically Filed]**      Date **05 / 14 / 2015**

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
Belinda Blake

Date of Public Distribution/Dissemination
07 / 07 / 2014

Mailing Address
7214 Duchamp Dr.

Amount
50.00
Transaction ID : a18614e8-8d1d-4822-a

City State Zip Code
Char NC 28215

Date of Disbursement or Obligation
07 / 07 / 2014

Purpose of Expenditure
Salary
Category/Type
001

Name of Federal Candidate
Ms. Kay Hagan
Support Oppose

Office Sought: House Senate
District: 00
State: NC

Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Disbursement For: Primary General
2014

Full Name of Payee
Belinda Blake

Date of Public Distribution/Dissemination
07 / 07 / 2014

Mailing Address
7214 Duchamp Dr.

Amount
9.30
Transaction ID : 5353c0d5-4748-413e-b

City State Zip Code
Char NC 28215

Date of Disbursement or Obligation
07 / 07 / 2014

Purpose of Expenditure
Mileage
Category/Type
002

Name of Federal Candidate
Ms. Kay Hagan
Support Oppose

Office Sought: House Senate
District: 00
State: NC

Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Disbursement For: Primary General
2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 59.30

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

(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 14 / 2015

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Amanda Boley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 07 / 2014</b>	
Mailing Address Split Oak Drive		Amount <b>55.00</b>	
City charlotte	State NC	Zip Code 28227	<b>Transaction ID : 2b947719-5933-48e6-8</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 07 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Amanda Boley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 07 / 2014</b>	
Mailing Address Split Oak Drive		Amount <b>23.70</b>	
City charlotte	State NC	Zip Code 28227	<b>Transaction ID : de8c43c0-2816-44aa-9</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 07 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>78.70</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Ralphie Lockhart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 07 / 2014</b>	
Mailing Address 6310 Col Glenn Rd		Amount <b>20.00</b>	
City Little Rock	State AR	Zip Code 72204	Transaction ID : <b>fc829575-2639-4524-b</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 07 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Ralphie Lockhart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 07 / 2014</b>	
Mailing Address 6310 Col Glenn Rd		Amount <b>3.00</b>	
City Little Rock	State AR	Zip Code 72204	Transaction ID : <b>0a6f976f-1bd1-40c1-a</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 07 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>23.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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 Habakjian
Mailing Address: 4193 W. Lang St
City: Farmville, State: NC, Zip Code: 27828
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/07/2014
Amount: 20.00
Transaction ID: 4870d5f6-c6da-4e53-8
Date of Disbursement or Obligation: 07/07/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

Full Name of Payee: Jessica Habakjian
Mailing Address: 4193 W. Lang St
City: Farmville, State: NC, Zip Code: 27828
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/07/2014
Amount: 3.30
Transaction ID: fb54eff5-4cd9-47ee-a
Date of Disbursement or Obligation: 07/07/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 23.30
(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: 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold;">C</span> 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 <b>Lily Green</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      07 / 07 / 2014                 </div>
Mailing Address    205 Medallion Circle	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">                     60.00                 </div>
City                                  State                                  Zip Code Shreveport                                  LA                                  71119	
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px;">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;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : 63c15084-2b3d-460c-8**  
Date of Disbursement or Obligation

Full Name of Payee <b>Lily Green</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      07 / 07 / 2014                 </div>
Mailing Address    205 Medallion Circle	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">                     20.10                 </div>
City                                  State                                  Zip Code Shreveport                                  LA                                  71119	
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px;">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;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : b45df635-8520-4bb1-9**  
Date of Disbursement or Obligation

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">80.10</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">                 _____             </div>
<b>(c) TOTAL</b> 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    

MM / DD / YYYY  
 05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Steven Best</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 07 / 2014</b>
Mailing Address 103 Washington Ave	Amount <b>43.00</b>
City Newport	State NC
Zip Code 28570	Transaction ID : <b>d1fa1756-40b3-4ac3-b</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 07 / 2014</b>
Category/Type <b>001</b>	Name of Federal Candidate Ms. Kay Hagan
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Steven Best</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 07 / 2014</b>
Mailing Address 103 Washington Ave	Amount <b>7.47</b>
City Newport	State NC
Zip Code 28570	Transaction ID : <b>cb540cfa-4f0a-4968-8</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 07 / 2014</b>
Category/Type <b>002</b>	Name of Federal Candidate Ms. Kay Hagan
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>50.47</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="margin-left: 20px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Caleb Craig</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 1410 Bushville drive		Amount 60.00	
City Lenoir	State NC	Zip Code 28645	<b>Transaction ID : d14bc713-0850-41cc-9</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<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: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Caleb Craig</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 1410 Bushville drive		Amount 18.00	
City Lenoir	State NC	Zip Code 28645	<b>Transaction ID : e2277441-04fc-4eed-9</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<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: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	78.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015



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: David Ford
Mailing Address: 106 Hillside St
City: Spindale, State: NC, Zip Code: 28160
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/07/2014
Amount: 47.50
Transaction ID: b83590de-1c94-44e9-8
Date of Disbursement or Obligation: 07/07/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: David Ford
Mailing Address: 106 Hillside St
City: Spindale, State: NC, Zip Code: 28160
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/07/2014
Amount: 6.63
Transaction ID: db01bba5-be2c-4721-a
Date of Disbursement or Obligation: 07/07/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 54.13
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Solveig Lysne
Mailing Address: 7121 Oyster Lane
City: Wilmington, State: NC, Zip Code: 28411
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/07/2014
Amount: 55.30
Transaction ID: feace9ec-2a8a-4580-b
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Solveig Lysne
Mailing Address: 7121 Oyster Lane
City: Wilmington, State: NC, Zip Code: 28411
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/07/2014
Amount: 6.72
Transaction ID: 69481e82-5060-49e9-9
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 62.02
(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 05/14/2015
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: Donald Dessauer
Mailing Address: 1804 Auburn Ave
City: Metairie, State: LA, Zip Code: 70003
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 25.00
Transaction ID: 521773b7-01a0-4f78-9
Date of Disbursement or Obligation: 07/07/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General

Full Name of Payee: Donald Dessauer
Mailing Address: 1804 Auburn Ave
City: Metairie, State: LA, Zip Code: 70003
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 0.30
Transaction ID: d7310416-6aad-4ee0-a
Date of Disbursement or Obligation: 07/07/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 25.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 0 2px;">C</span> 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 <b>Ms. Ashlen Sandoz</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          07 / 07 / 2014       </div>						
Mailing Address    204 Ranger Place	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          17.50       </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Slidell</td> <td>LA</td> <td>70115</td> </tr> </table>	City	State	Zip Code	Slidell	LA	70115	<b>Transaction ID : 59c73be6-313a-4057-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          07 / 07 / 2014       </div>
City	State	Zip Code					
Slidell	LA	70115					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; 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; display: inline-block; width: 150px; text-align: right;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          554635.78       </div>						
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____							

Full Name of Payee <b>Jeremy Hollar</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          07 / 07 / 2014       </div>						
Mailing Address    121 Meadowview Drive	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          60.00       </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Boone</td> <td>NC</td> <td>28607</td> </tr> </table>	City	State	Zip Code	Boone	NC	28607	<b>Transaction ID : 50fb3b4b-9704-4a98-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          07 / 07 / 2014       </div>
City	State	Zip Code					
Boone	NC	28607					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">001</div>						
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          1095959.94       </div>						
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____							

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          77.50       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          _____       </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          _____       </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  
 05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="margin-left: 20px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Jeremy Hollar</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014
Mailing Address 121 Meadowview Drive	Amount 18.00
City State Zip Code Boone NC 28607	<b>Transaction ID : db636f4d-388a-41fe-a</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Kay Hagan	<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: NC
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 <b>Ms. Chassidy Menard</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014
Mailing Address 515 Walter Dr.	Amount 54.00
City State Zip Code Lafayette LA 70507	<b>Transaction ID : e4b89363-1c0b-4248-9</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	<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) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	72.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date 05 / 14 / 2015

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Mr. Alex Peyton</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 07 / 2014</b>	
Mailing Address 859 Hicks Rd		Amount <b>30.00</b>	
City Washington	State LA	Zip Code 70589	Transaction ID : <b>fca9a14a-76cd-45ea-a</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 07 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Mr. Alex Peyton</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 07 / 2014</b>	
Mailing Address 859 Hicks Rd		Amount <b>24.00</b>	
City Washington	State LA	Zip Code 70589	Transaction ID : <b>baeb6833-6445-41a2-9</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 07 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>54.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date **05 / 14 / 2015**



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <span style="border: 1px solid black; padding: 2px;">C C00530766</span>
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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Brian Saltzler</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 07 / 2014
Mailing Address    601 S College Road		Amount <span style="border: 1px solid black; padding: 2px;">3.90</span>
City    State    Zip Code Wilmington    NC    28403	<b>Transaction ID : aa67781e-d702-4406-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 07 / 2014	
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Name of Federal Candidate Ms. Kay Hagan <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>		Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Donna Barrette</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 07 / 2014
Mailing Address    724 Harris Avenue	Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>
City    State    Zip Code Harahan    LA    70123	<b>Transaction ID : 978fdc26-2ea2-40a7-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 07 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	
Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Donna Barrette</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 07 / 2014
Mailing Address    724 Harris Avenue		Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>
City    State    Zip Code Harahan    LA    70123	<b>Transaction ID : 978fdc26-2ea2-40a7-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 07 / 2014	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>		Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Donna Barrette</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 07 / 2014
Mailing Address    724 Harris Avenue	Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>
City    State    Zip Code Harahan    LA    70123	<b>Transaction ID : 978fdc26-2ea2-40a7-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 07 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">554635.78</span>	
Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">33.90</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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 05 / 14 / 2015

\_\_\_\_\_  
Signature



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C C00530766</b>
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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>Donna Barrette</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 07 / 2014
Mailing Address 724 Harris Avenue		Amount <span style="border: 1px solid black; padding: 2px;">. 0 9 0</span>
City Harahan	State LA	Zip Code 70123
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">0 0 2</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 07 / 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	<span style="border: 1px solid black; padding: 2px;">5 5 4 6 3 5 . 7 8</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Tammy Williams</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 07 / 2014
Mailing Address 924 N. Prieur St		Amount <span style="border: 1px solid black; padding: 2px;">4 0 . 0 0</span>
City New Orleans	State LA	Zip Code 70116
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">0 0 1</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 07 / 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	<span style="border: 1px solid black; padding: 2px;">5 5 4 6 3 5 . 7 8</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">4 0 . 9 0</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

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
Tammay Williams
Mailing Address
924 N. Prieur St
City
New Orleans State
LA Zip Code
70116
Date of Public Distribution/Dissemination
07 / 07 / 2014
Amount
10.20
Transaction ID : 533d0d6b-bcf7-4612-9
Date of Disbursement or Obligation
07 / 07 / 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
554635.78
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Branson Cambre
Mailing Address
117 Middleburg Dr.
City
Lafayette State
LA Zip Code
70508
Date of Public Distribution/Dissemination
07 / 07 / 2014
Amount
60.00
Transaction ID : 5d3478c7-7402-4e43-a
Date of Disbursement or Obligation
07 / 07 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 70.20
(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
05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Branson Cambre</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 117 Middleburg Dr.		Amount 18.24	
City Lafayette	State LA	Zip Code 70508	<b>Transaction ID : 60faf8b9-c4f9-4e39-a</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		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 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Zachary Vidrine</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 202 Rue Des Cajun		Amount 30.00	
City Ville Platte	State LA	Zip Code 70586	<b>Transaction ID : 035365c6-c26b-494e-b</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		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 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	48.24
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Zachary Vidrine</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 202 Rue Des Cajun		Amount 10.50	
City Ville Platte	State LA	Zip Code 70586	<b>Transaction ID : 8be824ca-c820-4ff2-a</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		<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 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Petrina Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 3007 Darden Rd		Amount 60.00	
City Greensboro	State NC	Zip Code 27407	<b>Transaction ID : 4b91b1eb-99a4-4d8b-8</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		<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: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	70.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

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: Petrina Williams
Mailing Address: 3007 Darden Rd
City: Greensboro, State: NC, Zip Code: 27407
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 12.60
Transaction ID: 737f9688-ef58-4326-a
Date of Disbursement or Obligation: 07/07/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Felice Barrett
Mailing Address: 1588 Asbury
City: Springdale, State: AR, Zip Code: 72762
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 80.00
Transaction ID: c915e23f-fe04-454d-a
Date of Disbursement or Obligation: 07/07/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 92.60
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Felice Barrett</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014
Mailing Address 1588 Asbury	Amount 14.64
City Springdale      State AR      Zip Code 72762	<b>Transaction ID : e1d852c7-55df-4ffc-a</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Mileage      Category/Type 002	Name of Federal Candidate Mr. Mark L Pryor <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 292370.62	Office Sought: <input type="checkbox"/> House      District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate      State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Sharon Lloyd</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014
Mailing Address 4301 Lankford	Amount 80.00
City Springdale      State AR      Zip Code 72762	<b>Transaction ID : 46d80e8c-33d4-4f98-a</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Salary      Category/Type 001	Name of Federal Candidate Mr. Mark L Pryor <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 292370.62	Office Sought: <input type="checkbox"/> House      District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate      State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	94.64
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      **[Electronically Filed]**      Date 05 / 14 / 2015

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 Sharon Lloyd
Mailing Address 4301 Lankford
City Springdale State AR Zip Code 72762
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/07/2014
Amount 2.04
Transaction ID : 44960b9b-b4ea-4bd4-b
Date of Disbursement or Obligation 07/07/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Disbursement For: Primary General 2014

Full Name of Payee Larry Freeman
Mailing Address 11214 Mesa drive
City Little rock State AR Zip Code 72211
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/07/2014
Amount 45.00
Transaction ID : 9eab2d15-0aa5-42b4-b
Date of Disbursement or Obligation 07/07/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 47.04
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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 Matt Gleb

Date of Public Distribution/Dissemination 07 / 07 / 2014

Mailing Address 3815 Robin Road

Amount 43.00

City Ayden State NC Zip Code 28513

Transaction ID : 79aef85c-8eb4-40fc-a

Purpose of Expenditure Salary Category/Type 001

Date of Disbursement or Obligation 07 / 07 / 2014

Name of Federal Candidate Ms. Kay Hagan Support Oppose

Office Sought: House Senate District: 00 State: NC

Calendar Year-To-Date Per Election for Office Sought 1095959.94

Disbursement For: Primary General 2014

Full Name of Payee Matt Gleb

Date of Public Distribution/Dissemination 07 / 07 / 2014

Mailing Address 3815 Robin Road

Amount 22.50

City Ayden State NC Zip Code 28513

Transaction ID : dee78c73-8c56-49f8-8

Purpose of Expenditure Mileage Category/Type 002

Date of Disbursement or Obligation 07 / 07 / 2014

Name of Federal Candidate Ms. Kay Hagan Support Oppose

Office Sought: House Senate District: 00 State: NC

Calendar Year-To-Date Per Election for Office Sought 1095959.94

Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 65.50

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 14 / 2015

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
Kacie Gleb
Mailing Address
3815 Robin Road
City
Ayden State
NC Zip Code
28513
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 07 / 2014
Amount
13.00
Transaction ID : 6842a723-4b9d-4664-b
Date of Disbursement or Obligation
07 / 07 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Casey Stockton
Mailing Address
105 South Dale St
City
Spruce Pine State
NC Zip Code
28777
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 07 / 2014
Amount
40.00
Transaction ID : e1f48c1a-21ba-41cf-8
Date of Disbursement or Obligation
07 / 07 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 53.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Casey Stockton</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014
Mailing Address 105 South Dale St	Amount 11.10
City State Zip Code Spruce Pine NC 28777	<b>Transaction ID : 1e064e81-e685-4424-b</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Francesca Blom</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014
Mailing Address 101 Asbury Ct	Amount 70.00
City State Zip Code Winchester VA 22602	<b>Transaction ID : 7a285d84-94cd-4f40-8</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	81.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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 05 / 14 / 2015

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <b>Jennifer Susky</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 1117 Shadow Lane		Amount 15.00	
City Benton	State AR	Zip Code 72015	<b>Transaction ID : 458d6da0-ccd6-49c0-a</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<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: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jennifer Susky</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 1117 Shadow Lane		Amount 1.50	
City Benton	State AR	Zip Code 72015	<b>Transaction ID : 7c48f2fa-4c1c-4073-a</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<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: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	16.50
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

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 Ralph Smith
Mailing Address 2090 Fancy Gap Rd
City Mt. Airy State NC Zip Code 27030
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/07/2014
Amount 100.00
Transaction ID : 62743dc1-242e-46ef-9
Date of Disbursement or Obligation 07/07/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Ralph Smith
Mailing Address 2090 Fancy Gap Rd
City Mt. Airy State NC Zip Code 27030
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/07/2014
Amount 12.51
Transaction ID : 7166e6f4-fc24-417e-a
Date of Disbursement or Obligation 07/07/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 112.51
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> 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 <b>Danielle Landry</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  07 / 07 / 2014 </div>
Mailing Address 1089 Oleste Tauzin Road	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%;"> 10.00 </div>
City State Zip Code Breaux Bridge LA 70517	<b>Transaction ID : 36424743-cfba-4b06-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  07 / 07 / 2014 </div>
Purpose of Expenditure Salary Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	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
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%;"> 554635.78 </div>	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Danielle Landry</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  07 / 07 / 2014 </div>
Mailing Address 1089 Oleste Tauzin Road	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%;"> 5.70 </div>
City State Zip Code Breaux Bridge LA 70517	<b>Transaction ID : d77b59f2-85a6-4f74-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  07 / 07 / 2014 </div>
Purpose of Expenditure Mileage Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	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
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%;"> 554635.78 </div>	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%;"> 15.70 </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%;">   </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%;">   </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 

MM / DD / YYYY  
05 / 14 / 2015

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
Theresa A Touchet
Mailing Address
102 French Street #3
City
New Orleans State
LA Zip Code
70124
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 07 / 2014
Amount
7.50
Transaction ID : cfdc9b41-3266-4d6c-a
Date of Disbursement or Obligation
07 / 07 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Theresa A Touchet
Mailing Address
102 French Street #3
City
New Orleans State
LA Zip Code
70124
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 07 / 2014
Amount
0.30
Transaction ID : 72a65a61-188c-4496-9
Date of Disbursement or Obligation
07 / 07 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 7.80
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Phillip Williams
Mailing Address: 3007 Darden Rd
City: Greensboro, State: NC, Zip Code: 27407
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/07/2014
Amount: 75.00
Transaction ID: e30c6e4f-0aa2-4a34-8
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General 2014, [ ] Other (specify)

Full Name of Payee: Phillip Williams
Mailing Address: 3007 Darden Rd
City: Greensboro, State: NC, Zip Code: 27407
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/07/2014
Amount: 16.20
Transaction ID: 4c5b39e8-4143-4c38-b
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 91.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Beverly Williams
Mailing Address
3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure
Salary Category/Type 001
Date of Public Distribution/Dissemination
07 / 07 / 2014
Amount
75.00
Transaction ID : ee417cb8-4ebb-4663-b
Date of Disbursement or Obligation
07 / 07 / 2014
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought
1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Lesley Lennox
Mailing Address
2305 Cleary Ave
City Metairie State LA Zip Code 70001
Purpose of Expenditure
Salary Category/Type 001
Date of Public Distribution/Dissemination
07 / 07 / 2014
Amount
17.50
Transaction ID : 9346a577-7296-4a55-8
Date of Disbursement or Obligation
07 / 07 / 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
554635.78
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 92.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Lesley Lennox</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014	
Mailing Address 2305 Cleary Ave		Amount 0.60	
City Metairie	State LA	Zip Code 70001	Transaction ID : <b>7cfb7709-7784-48df-a</b>
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 07 / 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		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Ms. Tonya Boyd</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 100.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : <b>48400bbd-618c-43ae-8</b>
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 07 / 2014
Name of Federal Candidate Ms. Kay Hagan		<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: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	100.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
 05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="margin-left: 20px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Ms. Tonya Boyd</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014
Mailing Address 2357 Fancy Cap Rd	Amount 12.81
City Mt. Airy State NC Zip Code 27030	<b>Transaction ID : c1d0b03f-9dce-4bdc-9</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jeanne Tribou</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014
Mailing Address 22369 Ponderosa Dr.	Amount 45.00
City Mandeville State LA Zip Code 70471	<b>Transaction ID : 83c836de-ca1b-4f0f-a</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	<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 554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	57.81
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

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
Date of Public Distribution/Dissemination
07 / 07 / 2014
Mailing Address
22369 Ponderosa Dr.
Amount
4.20
City
Mandeville State
LA Zip Code
70471
Transaction ID : f16339d4-2e03-4828-a
Purpose of Expenditure
Mileage Category/Type
002
Date of Disbursement or Obligation
07 / 07 / 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
554635.78
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Christopher Marquess
Date of Public Distribution/Dissemination
07 / 07 / 2014
Mailing Address
110 W Pecan St
Amount
40.00
City
Ville Platte State
LA Zip Code
70586
Transaction ID : 6362b504-fe46-44a1-9
Purpose of Expenditure
Salary Category/Type
001
Date of Disbursement or Obligation
07 / 07 / 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
554635.78
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 44.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Christopher Marquess</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 07 / 2014</b>
Mailing Address 110 W Pecan St	Amount <b>25.80</b>
City Ville Platte	State LA
Zip Code 70586	Transaction ID : <b>258425ed-6108-424f-8</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>
Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 07 / 2014</b>	Name of Federal Candidate <b>Ms. Mary L Landrieu</b>
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	<input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Evelyn Lesaicherre</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 07 / 2014</b>
Mailing Address 629 Radiance Ave	Amount <b>70.00</b>
City Metairie	State LA
Zip Code 70001	Transaction ID : <b>02715098-6ff0-49cc-8</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>
Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 07 / 2014</b>	Name of Federal Candidate <b>Ms. Mary L Landrieu</b>
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	<input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>95.80</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Evelyn Lesaicherre</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 07 / 2014
Mailing Address 629 Radiance Ave	Amount <span style="border: 1px solid black; padding: 2px;">3.00</span>
City State Zip Code Metairie LA 70001	
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Transaction ID : d554f408-2e91-4f50-a

Full Name of Payee <b>Melanie Slagle</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 07 / 2014
Mailing Address 77 Southridge Drive	Amount <span style="border: 1px solid black; padding: 2px;">11.00</span>
City State Zip Code Spruce Pine NC 28777	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Transaction ID : dc4ede86-01a5-4bd5-8

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">14.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Melanie Slagle</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014
Mailing Address 77 Southridge Drive	Amount 3.00
City Spruce Pine      State NC      Zip Code 28777	<b>Transaction ID : 3b62fb15-1d67-4d63-a</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Mileage      Category/Type 002	Name of Federal Candidate Ms. Kay Hagan <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1095959.94	Office Sought: <input type="checkbox"/> House      District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate      State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Kenny Wallis</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014
Mailing Address 6412 Osage Dr	Amount 20.00
City North Little rock      State AR      Zip Code 72116	<b>Transaction ID : cb22123a-2063-4626-a</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Salary      Category/Type 001	Name of Federal Candidate Mr. Mark L Pryor <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 292370.62	Office Sought: <input type="checkbox"/> House      District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate      State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	23.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date 05 / 14 / 2015

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 6412 Osage Dr		Amount 1.50	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 1b4e17eb-f0d9-44fa-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Matthew Manuel</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014	
Mailing Address 1392 Lee Street		Amount 45.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 98bda046-08a8-441f-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	46.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date MM / DD / YYYY 05 / 14 / 2015





**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Charity Zerbel</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014
Mailing Address 804 Mary Ave	Amount 19.20
City Neosho      State MO      Zip Code 64850	<b>Transaction ID : cea2a50a-ee86-4cc3-b</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Mileage      Category/Type 002	Name of Federal Candidate Mr. Mark L Pryor <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 292370.62	Office Sought: <input type="checkbox"/> House      District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate      State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Sherri Zerbel</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014
Mailing Address 804 Mary Ave	Amount 35.00
City Neasho      State MO      Zip Code 64850	<b>Transaction ID : 984a8c75-84a8-46a7-8</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Salary      Category/Type 001	Name of Federal Candidate Mr. Mark L Pryor <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 292370.62	Office Sought: <input type="checkbox"/> House      District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate      State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	54.20
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date 05 / 14 / 2015

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 Sherri Zerbel
Mailing Address 804 Mary Ave
City Neasho State MO Zip Code 64850
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/07/2014
Amount 19.20
Transaction ID : e9aa8792-95b0-40f6-9
Date of Disbursement or Obligation 07/07/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
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
Date of Public Distribution/Dissemination 07/07/2014
Amount 50.00
Transaction ID : b6c39353-4eec-47a9-b
Date of Disbursement or Obligation 07/07/2014
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 554635.78
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 69.20
(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 05/14/2015
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 Vidrine
Mailing Address 1103 West Wilson Street
City Ville Platte State LA Zip Code 70586
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07 / 07 / 2014
Amount 19.80
Transaction ID : 6dab943f-493b-4e02-8
Date of Disbursement or Obligation 07 / 07 / 2014
Name of Federal Candidate Ms. Mary L Landriau
Office Sought: Senate State: LA
Disbursement For: General 2014

Full Name of Payee Jeffrey Hampton
Mailing Address 1700 E Part Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07 / 07 / 2014
Amount 20.00
Transaction ID : 41cf8e9d-0ed7-45fc-b
Date of Disbursement or Obligation 07 / 07 / 2014
Name of Federal Candidate Mr. Mark L Pryor
Office Sought: Senate State: AR
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 39.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Jeffrey Hampton
Mailing Address: 1700 E Part Ave
City: Searcy, State: AR, Zip Code: 72149
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/07/2014
Amount: 0.45
Transaction ID: f251d87f-67f8-499b-a
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Francis Richardson
Mailing Address: 220 Doucet Rd
City: Lafayette, State: LA, Zip Code: 70503
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/07/2014
Amount: 25.00
Transaction ID: c22983e0-3e9c-4907-9
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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 25.45
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Francis Richardson</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014
Mailing Address 220 Doucet Rd	Amount 2.16
City Lafayette      State LA      Zip Code 70503	<b>Transaction ID : 49a8d888-c0e7-411a-a</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Mileage      Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 554635.78	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 <b>Amy Eddie</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014
Mailing Address 5006 Lakeview Road	Amount 10.00
City North Little Rock      State AR      Zip Code 72116	<b>Transaction ID : fe5377e7-faed-4473-9</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Salary      Category/Type 001	Name of Federal Candidate Mr. Mark L Pryor <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 292370.62	Office Sought: <input type="checkbox"/> House      District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate      State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	12.16
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date 05 / 14 / 2015

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: Amy Eddie
Mailing Address: 5006 Lakeview Road
City: North Little Rock, State: AR, Zip Code: 72116
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/07/2014
Amount: 1.50
Transaction ID: aa30a3cf-777a-497e-9
Name of Federal Candidate: Mr. Mark L Pryor, Office Sought: Senate, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: General 2014

Full Name of Payee: Benjamin Hernandez
Mailing Address: 915 E Market Ave
City: Searcy, State: AR, Zip Code: 72149
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/07/2014
Amount: 30.00
Transaction ID: 0ce185bd-a3e7-4586-a
Name of Federal Candidate: Mr. Mark L Pryor, Office Sought: Senate, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 31.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
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
Benjamin Hernandez
Mailing Address
915 E Market Ave
City
Searcy State
AR Zip Code
72149
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 07 / 2014
Amount
4.50
Transaction ID : 8f6d01a1-5691-4fdb-a
Date of Disbursement or Obligation
07 / 07 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

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
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 07 / 2014
Amount
45.00
Transaction ID : fcbc88c9-5700-4610-a
Date of Disbursement or Obligation
07 / 07 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 49.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: 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: 07/07/2014
Amount: 45.00
Transaction ID: 315759d5-7ca2-4897-9
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Xavier Miller
Mailing Address: 407 randall Dr
City: Searcy, State: AR, Zip Code: 72143
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/07/2014
Amount: 20.00
Transaction ID: c7af0387-9f53-4ffc-a
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 65.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Chris McCoy</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014
Mailing Address 1025 Cayley Ct	Amount 80.00
City High Point      State NC      Zip Code 27260	<b>Transaction ID : bf5495d4-d37c-4eae-9</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Salary      Category/Type 001	Name of Federal Candidate Ms. Kay Hagan <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1095959.94	Office Sought: <input type="checkbox"/> House      District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate      State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Chris McCoy</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 07 / 2014
Mailing Address 1025 Cayley Ct	Amount 20.40
City High Point      State NC      Zip Code 27260	<b>Transaction ID : ec765fb8-0882-41f4-b</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 07 / 2014
Purpose of Expenditure Mileage      Category/Type 002	Name of Federal Candidate Ms. Kay Hagan <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1095959.94	Office Sought: <input type="checkbox"/> House      District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate      State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	100.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date 05 / 14 / 2015

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: Darion Howard
Mailing Address: 407 Bernal St
City: Edinburg, State: TX, Zip Code: 78539
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/07/2014
Amount: 20.00
Transaction ID: c08e81d8-2b7f-4d0e-9
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Darius Beverly
Mailing Address: 157 Bishop Drive
City: Avondale, State: LA, Zip Code: 70094
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/07/2014
Amount: 45.00
Transaction ID: 3a59b1b3-89af-47dc-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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 65.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Ms. Dinah Beverly</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 07 / 2014</b>
Mailing Address 157 Bishop Drive	Amount <b>45.00</b>
City Avondale	State LA
Zip Code 70064	Transaction ID : <b>edb8c859-99e6-4e97-9</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 07 / 2014</b>
Category/Type <b>001</b>	Name of Federal Candidate Ms. Mary L Landriau
Name of Federal Candidate Ms. Mary L Landriau	<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 <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Ms. Dinah Beverly</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 07 / 2014</b>
Mailing Address 157 Bishop Drive	Amount <b>4.50</b>
City Avondale	State LA
Zip Code 70064	Transaction ID : <b>0b7834a7-d78a-487a-a</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 07 / 2014</b>
Category/Type <b>002</b>	Name of Federal Candidate Ms. Mary L Landriau
Name of Federal Candidate Ms. Mary L Landriau	<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 <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>49.50</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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 Wilson
Mailing Address: 907 Randall Drive
City: Searcy, State: AR, Zip Code: 72149
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/07/2014
Amount: 20.00
Transaction ID: 29f8c1bd-f411-419a-8
Date of Disbursement or Obligation: 07/07/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: House [ ], Senate [X], District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: Primary [ ], General [X], Other [ ]

Full Name of Payee: Daniel Wall
Mailing Address: 3692 Bell Arthur Rd
City: Greenville, State: NC, Zip Code: 27834
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/07/2014
Amount: 27.50
Transaction ID: 95823a4a-9a8d-40a5-b
Date of Disbursement or Obligation: 07/07/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: House [ ], Senate [X], District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: Primary [ ], General [X], Other [ ]

(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: 05/14/2015
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: Daniel Wall
Mailing Address: 3692 Bell Arthur Rd
City: Greenville, State: NC, Zip Code: 27834
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/07/2014
Amount: 5.10
Transaction ID: 81b1aa37-9d1f-48d6-a
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Sarah Biviano
Mailing Address: 603 Greenwood Dr
City: Searcy, State: AR, Zip Code: 72143
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/08/2014
Amount: 10.00
Transaction ID: 18f72193-402c-4d9a-b
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 15.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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 Nathan Smith
Mailing Address 1247 W Mt Comfort Rd
City Fayetteville State AR Zip Code 72703
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Calendar Year-To-Date Per Election for Office Sought 292370.62

Date of Public Distribution/Dissemination 07 / 08 / 2014
Amount 33.50
Transaction ID : eff19024-a907-459a-9
Date of Disbursement or Obligation 07 / 07 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Nathan Smith
Mailing Address 1247 W Mt Comfort Rd
City Fayetteville State AR Zip Code 72703
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Calendar Year-To-Date Per Election for Office Sought 292370.62

Date of Public Distribution/Dissemination 07 / 08 / 2014
Amount 10.32
Transaction ID : 7baf74f6-3738-4190-9
Date of Disbursement or Obligation 07 / 07 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 43.82
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Belinda Blake
Mailing Address: 7214 Duchamp Dr.
City: Char, State: NC, Zip Code: 28215
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/08/2014
Amount: 25.00
Transaction ID: b0315e49-811e-41bb-b
Date of Disbursement or Obligation: 07/08/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Belinda Blake
Mailing Address: 7214 Duchamp Dr.
City: Char, State: NC, Zip Code: 28215
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/08/2014
Amount: 7.80
Transaction ID: b394ceed-26a6-4326-8
Date of Disbursement or Obligation: 07/08/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 32.80
(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 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>John Voholetz</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 07 / 2014
Mailing Address 718 N MacMillan Avenue	Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>
City State Zip Code Wilmington NC 28803	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

**Transaction ID : 573c19a2-beb6-48f9-9**

Full Name of Payee <b>Roman Rys</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 08 / 2014
Mailing Address 635 Lotarche St	Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>
City State Zip Code Greenville NC 27858	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

**Transaction ID : 41ad0936-e307-41e3-9**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">80.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

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
Katlynn Cockerham
Mailing Address
4970 Lyman Rd
City
Winston Salem State
NC Zip Code
27105
Date of Public Distribution/Dissemination
07 / 08 / 2014
Amount
6.90
Transaction ID : c7d7de24-df65-4c49-9
Purpose of Expenditure
Mileage Category/Type
002
Date of Disbursement or Obligation
07 / 08 / 2014
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Mr. Matthew Fouty
Mailing Address
110 Pebblestone Ct.
City
King State
NC Zip Code
27021
Date of Public Distribution/Dissemination
07 / 08 / 2014
Amount
40.00
Transaction ID : cbef3d88-f87f-4555-9
Purpose of Expenditure
Salary Category/Type
001
Date of Disbursement or Obligation
07 / 08 / 2014
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 46.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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
Solveig Lysne
Mailing Address
7121 Oyster Lane
City
Wilmington State
NC Zip Code
28411
Purpose of Expenditure
Mileage Category/
Type 002

Date of Public Distribution/Dissemination
07 / 08 / 2014
Amount
2.76
Transaction ID : 1b24c021-7bd8-4be6-8
Date of Disbursement or Obligation
07 / 08 / 2014

Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose
Office Sought:
House
Senate
District: 00
State: NC

Disbursement For:
Primary
General
Other (specify)
2014

Full Name of Payee
Office Depot #344
Mailing Address
401 North US Hwy 190
22369 Ponderosa Drive
City
Covington State
LA Zip Code
70433
Purpose of Expenditure
Copies of flyers for door to door distribution Category/
Type 006

Date of Public Distribution/Dissemination
07 / 08 / 2014
Amount
73.41
Transaction ID : 59c51693-84e3-46cc-a
Date of Disbursement or Obligation
07 / 08 / 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 76.17
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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: Charity Zerbel
Mailing Address: 804 Mary Ave
City: Neosho, State: MO, Zip Code: 64850
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 26.40
Transaction ID: d5ddc259-b404-488a-b
Date of Disbursement or Obligation: 07/08/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: David Ford
Mailing Address: 106 Hillside St
City: Spindale, State: NC, Zip Code: 28160
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 55.00
Transaction ID: a3255cc1-2879-40e1-a
Date of Disbursement or Obligation: 07/08/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 81.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Lorri Anderson
Mailing Address
7214 Duchamp Dr
City
Charlotte State
NC Zip Code
23215
Date of Public Distribution/Dissemination
07 / 08 / 2014
Amount
4.20
Transaction ID : fc8c5247-8b25-4eb6-b
Date of Disbursement or Obligation
07 / 08 / 2014
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose Office Sought:
House Senate State:
NC
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Lisa Booth
Mailing Address
1434 South Avenue
City
Eden State
NC Zip Code
27288
Date of Public Distribution/Dissemination
07 / 08 / 2014
Amount
90.00
Transaction ID : a531d166-1cb3-4831-b
Date of Disbursement or Obligation
07 / 08 / 2014
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose Office Sought:
House Senate State:
NC
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 94.20
(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 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Lisa Booth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 08 / 2014</b>	
Mailing Address 1434 South Avenue		Amount <b>13.50</b>	
City Eden	State NC	Zip Code 27288	Transaction ID : <b>1c972cf4-9b30-4dec-b</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 08 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Ms. Chassidy Menard</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 08 / 2014</b>	
Mailing Address 515 Walter Dr.		Amount <b>60.00</b>	
City Lafayette	State LA	Zip Code 70507	Transaction ID : <b>acfb7604-ed6a-49bb-a</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 08 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>73.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Francesca Blom</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 08 / 2014</b>	
Mailing Address 101 Asbury Ct		Amount <b>60.00</b>	
City Winchester	State VA	Zip Code 22602	Transaction ID : <b>87a04acc-8dcb-44f1-9</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 08 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Sarah Biviano</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 08 / 2014</b>	
Mailing Address 603 Greenwood Dr		Amount <b>30.00</b>	
City Searcy	State AR	Zip Code 72143	Transaction ID : <b>f1ec8bf0-8d7b-486c-a</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 08 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>90.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Sarah Biviano</b>		Date of Public Distribution/Dissemination <b>07 / 08 / 2014</b>	
Mailing Address <b>603 Greenwood Dr</b>		Amount <b>3.00</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>58939b3d-1d34-4caf-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation <b>07 / 08 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Mr. Alex Peyton</b>		Date of Public Distribution/Dissemination <b>07 / 08 / 2014</b>	
Mailing Address <b>859 Hicks Rd</b>		Amount <b>60.00</b>	
City <b>Washington</b>	State <b>LA</b>	Zip Code <b>70589</b>	Transaction ID : <b>e6900878-e9a7-41da-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation <b>07 / 08 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>63.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Ms. Emily Buchanan [Electronically Filed] Date **05 / 14 / 2015**  
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Mr. Alex Peyton</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014
Mailing Address 859 Hicks Rd	Amount 19.20
City Washington      State LA      Zip Code 70589	<b>Transaction ID : c803b4fb-da6f-4b09-a</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Purpose of Expenditure Mileage      Category/Type 002	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 554635.78	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 <b>Jennifer Susky</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014
Mailing Address 1117 Shadow Lane	Amount 10.00
City Benton      State AR      Zip Code 72015	<b>Transaction ID : 11e430ca-713e-4d9f-9</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Purpose of Expenditure Salary      Category/Type 001	Name of Federal Candidate Mr. Mark L Pryor <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 292370.62	Office Sought: <input type="checkbox"/> House      District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate      State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	29.20
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date 05 / 14 / 2015

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 Susky
Mailing Address
1117 Shadow Lane
City
Benton State
AR Zip Code
72015
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 08 / 2014
Amount
1.50
Transaction ID : b1b79490-33bb-496c-a
Date of Disbursement or Obligation
07 / 08 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Petrina Williams
Mailing Address
3007 Darden Rd
City
Greensboro State
NC Zip Code
27407
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 08 / 2014
Amount
51.50
Transaction ID : 93406d46-1c93-4583-b
Date of Disbursement or Obligation
07 / 08 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 53.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Petrina Williams
Mailing Address: 3007 Darden Rd
City: Greensboro, State: NC, Zip Code: 27407
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/08/2014
Amount: 9.30
Transaction ID: 1c23877f-dc48-45f0-9
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Ky Broussard
Mailing Address: 301 N Cedar Street
City: Abbeville, State: LA, Zip Code: 70510
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/08/2014
Amount: 50.00
Transaction ID: 16b74d77-c08f-4b31-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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 59.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; margin-right: 5px;">C</span> 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 <b>Ky Broussard</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      07 / 08 / 2014                 </div>
Mailing Address    301 N Cedar Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">                     13.50                 </div>
City    State    Zip Code Abbeville    LA    70510	<b>Transaction ID : fe5a39f5-5a19-42d6-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      07 / 08 / 2014                 </div>
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;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Lily Green</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      07 / 08 / 2014                 </div>
Mailing Address    205 Medallion Circle	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">                     60.00                 </div>
City    State    Zip Code Shreveport    LA    71119	<b>Transaction ID : 101af54f-b110-450e-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      07 / 08 / 2014                 </div>
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;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">73.50</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">                 _____             </div>
<b>(c) TOTAL</b> 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*    **[Electronically Filed]**    Date    

MM / DD / YYYY

  
 05 / 14 / 2015

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
Lily Green
Mailing Address
205 Medallion Circle
City
Shreveport State
LA Zip Code
71119
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 08 / 2014
Amount
24.00
Transaction ID : f7de0a64-80d5-4f5c-b
Date of Disbursement or Obligation
07 / 08 / 2014
Office Sought:
House District: 00
President Senate State: LA
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Sherri Zerbel
Mailing Address
804 Mary Ave
City
Neasho State
MO Zip Code
64850
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 08 / 2014
Amount
30.00
Transaction ID : f5b3869e-d69c-47a1-9
Date of Disbursement or Obligation
07 / 08 / 2014
Office Sought:
House District: 00
President Senate State: NC
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 54.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold;">C</span> 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 <b>Sherri Zerbel</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      07 / 08 / 2014                 </div>
Mailing Address    804 Mary Ave	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">18.30</div>
City                                  State                                  Zip Code Neasho                                  MO                                  64850	
Purpose of Expenditure Mileage                                  Category/Type <div style="border: 1px solid black; padding: 2px;">002</div>	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1095959.94</div>	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

**Transaction ID : c1ec6bb8-50a8-4a22-b**  
Date of Disbursement or Obligation

Full Name of Payee <b>Sherri Zerbel</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      07 / 08 / 2014                 </div>
Mailing Address    804 Mary Ave	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">30.00</div>
City                                  State                                  Zip Code Neasho                                  MO                                  64850	
Purpose of Expenditure Salary                                  Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">292370.62</div>	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

**Transaction ID : 839c9372-2113-4c61-8**  
Date of Disbursement or Obligation

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">48.30</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> </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*                                  [Electronically Filed]                                  Date 

05 / 14 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Sherri Zerbel</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 08 / 2014</b>	
Mailing Address 804 Mary Ave		Amount <b>18.30</b>	
City <b>Neasho</b>	State <b>MO</b>	Zip Code <b>64850</b>	Transaction ID : <b>c098afb6-9775-4b4a-9</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 08 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <b>00</b> State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Reagan Brackett</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 08 / 2014</b>	
Mailing Address 502 E Center Ave		Amount <b>35.00</b>	
City <b>Searcy</b>	State <b>AR</b>	Zip Code <b>72143</b>	Transaction ID : <b>6731ffd3-d7c4-41ad-a</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 08 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <b>00</b> State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>53.30</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
**05 / 14 / 2015**

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: Reagan Brackett
Mailing Address: 502 E Center Ave
City: Searcy, State: AR, Zip Code: 72143
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 7.38
Transaction ID: e5e00912-b99d-4c0e-b
Date of Disbursement or Obligation: 07/08/2014
Name of Federal Candidate: Mr. Mark L Pryor, Office Sought: Senate, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: General 2014

Full Name of Payee: Tarrin Lesaicherre
Mailing Address: 629 Radiane Ave
City: Metairie, State: LA, Zip Code: 70001
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 70.00
Transaction ID: e1ee8454-abec-4808-8
Date of Disbursement or Obligation: 07/08/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 77.38
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Tarrin Lesaicherre</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 08 / 2014</b>	
Mailing Address 629 Radiance Ave		Amount 3.90	
City Metairie	State LA	Zip Code 70001	Transaction ID : <b>3f5f49db-0f9d-45bd-b</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 08 / 2014</b>	
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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		554635.78	

Full Name of Payee <b>Evelyn Lesaicherre</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 08 / 2014</b>	
Mailing Address 629 Radiance Ave		Amount 70.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : <b>34e430bd-24f4-4398-8</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 08 / 2014</b>	
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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		554635.78	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	73.90
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan* [Electronically Filed] Date

Signature MM / DD / YYYY **05 / 14 / 2015**

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Evelyn Lesaicherre</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 629 Radiance Ave		Amount <input type="text"/>
City Metairie	State LA	Zip Code 70001
Purpose of Expenditure Mileage	Category/Type <input type="text"/>	Transaction ID : <b>b5b8e9a4-1e8f-4777-b</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
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	<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Sharon Lloyd</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 4301 Lankford		Amount <input type="text"/>
City Springdale	State AR	Zip Code 72762
Purpose of Expenditure Salary	Category/Type <input type="text"/>	Transaction ID : <b>d6b08e37-ee83-4fcc-8</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
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) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<input type="text"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) <b>TOTAL</b> 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 [Electronically Filed] Date  /  /

Signature













**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Jennie Butler</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 08 / 2014
Mailing Address 1676 Shady Creek Rd	Amount <span style="border: 1px solid black; padding: 2px;">13.62</span>
City Ayden State NC Zip Code 28513	<b>Transaction ID : 133fa273-b5c6-4f0c-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 08 / 2014
Purpose of Expenditure Mileage Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Name of Federal Candidate Ms. Kay Hagan <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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Melanie Slagle</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 08 / 2014
Mailing Address 77 Southridge Drive	Amount <span style="border: 1px solid black; padding: 2px;">12.00</span>
City Spruce Pine State NC Zip Code 28777	<b>Transaction ID : ac70f158-9484-4e34-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 08 / 2014
Purpose of Expenditure Salary Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Name of Federal Candidate Ms. Kay Hagan <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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">25.62</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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 05 / 14 / 2015

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Melanie Slagle</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014
Mailing Address 77 Southridge Drive	Amount 3.30
City Spruce Pine      State NC      Zip Code 28777	<b>Transaction ID : fda46a84-e17b-47c3-9</b>
Purpose of Expenditure Mileage      Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Name of Federal Candidate Ms. Kay Hagan <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: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Allie Butler</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014
Mailing Address 1676 Shady Creek Rd	Amount 23.33
City Ayden      State NC      Zip Code 28513	<b>Transaction ID : 0bcd429b-80cd-4c7f-a</b>
Purpose of Expenditure Salary      Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Name of Federal Candidate Ms. Kay Hagan <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: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	26.63
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date 05 / 14 / 2015

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
Thomas Sisk
Mailing Address
3625 Chapelwood Drive
City
Gastonia State
NC Zip Code
28025
Purpose of Expenditure
Salary Category/
Type 001
Date of Public Distribution/Dissemination
07 / 08 / 2014
Amount
30.00
Transaction ID : 1567533d-e754-4829-8
Date of Disbursement or Obligation
07 / 08 / 2014
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Thomas Sisk
Mailing Address
3625 Chapelwood Drive
City
Gastonia State
NC Zip Code
28025
Purpose of Expenditure
Mileage Category/
Type 002
Date of Public Distribution/Dissemination
07 / 08 / 2014
Amount
5.25
Transaction ID : 0d2acba3-e4df-4f9c-b
Date of Disbursement or Obligation
07 / 08 / 2014
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 35.25
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Emily Butler</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 08 / 2014</b>
Mailing Address 1676 Shady Creek Rd	Amount <b>43.40</b>
City State Zip Code <b>Ayden NC 28513</b>	<b>Transaction ID : 9d38e3dd-8891-4a7d-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 08 / 2014</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Carmen Maddrey</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 08 / 2014</b>
Mailing Address 2043 Nottingham Ln	Amount <b>30.00</b>
City State Zip Code <b>Burlington NC 27215</b>	<b>Transaction ID : d4fd7187-96db-4299-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 08 / 2014</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>73.40</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      **[Electronically Filed]**      Date **05 / 14 / 2015**

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Carmen Maddrey</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 08 / 2014</b>	
Mailing Address 2043 Nottingham Ln		Amount 2.10	
City Burlington	State NC	Zip Code 27215	Transaction ID : <b>8cbb7879-db06-4f80-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 08 / 2014</b>
Purpose of Expenditure Mileage	Category/ Type 002	Name of Federal Candidate Ms. Kay Hagan	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Tammy Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 08 / 2014</b>	
Mailing Address 924 N. Prieur St		Amount 75.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : <b>6c06821e-194e-4445-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 08 / 2014</b>
Purpose of Expenditure Salary	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 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 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	77.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black;">C</span> 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 <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Tammy Williams</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black;">07</span> / <span style="border: 1px solid black;">08</span> / <span style="border: 1px solid black;">2014</span> </div>				
Mailing Address <b>924 N. Prieur St</b>	Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> <span style="float: right;">14.70</span> </div> <b>Transaction ID : 8c9c0317-e82d-4083-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black;">07</span> / <span style="border: 1px solid black;">08</span> / <span style="border: 1px solid black;">2014</span> </div>				
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City New Orleans</td> <td style="width:30%;">State LA</td> <td style="width:40%;">Zip Code 70116</td> </tr> </table>		City New Orleans	State LA	Zip Code 70116	
City New Orleans		State LA	Zip Code 70116		
Purpose of Expenditure Mileage					
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><input type="checkbox"/> Support</td> <td style="width:50%;">Office Sought: <input type="checkbox"/> House District: <u>00</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Oppose</td> <td><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u></td> </tr> </table>	<input type="checkbox"/> Support	Office Sought: <input type="checkbox"/> House District: <u>00</u>	<input checked="" type="checkbox"/> Oppose	<input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
<input type="checkbox"/> Support	Office Sought: <input type="checkbox"/> House District: <u>00</u>				
<input checked="" type="checkbox"/> Oppose	<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; width: 100%;"> <span style="float: right;">554635.78</span> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____				

Full Name of Payee <b>Jessica Habakjian</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black;">07</span> / <span style="border: 1px solid black;">08</span> / <span style="border: 1px solid black;">2014</span> </div>				
Mailing Address <b>4193 W. Lang St</b>	Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> <span style="float: right;">20.00</span> </div> <b>Transaction ID : 6ee78bb9-1cbd-42e0-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black;">07</span> / <span style="border: 1px solid black;">08</span> / <span style="border: 1px solid black;">2014</span> </div>				
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City Farmville</td> <td style="width:30%;">State NC</td> <td style="width:40%;">Zip Code 27828</td> </tr> </table>		City Farmville	State NC	Zip Code 27828	
City Farmville		State NC	Zip Code 27828		
Purpose of Expenditure Salary					
Name of Federal Candidate <b>Ms. Kay Hagan</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><input type="checkbox"/> Support</td> <td style="width:50%;">Office Sought: <input type="checkbox"/> House District: <u>00</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Oppose</td> <td><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u></td> </tr> </table>	<input type="checkbox"/> Support	Office Sought: <input type="checkbox"/> House District: <u>00</u>	<input checked="" type="checkbox"/> Oppose	<input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
<input type="checkbox"/> Support	Office Sought: <input type="checkbox"/> House District: <u>00</u>				
<input checked="" type="checkbox"/> Oppose	<input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>				
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%;"> <span style="float: right;">1095959.94</span> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____				

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> <span style="float: right;">34.70</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> <span style="float: right;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> <span style="float: right;"> </span> </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 MM / DD / YYYY  
05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Jessica Habakjian</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014
Mailing Address 4193 W. Lang St	Amount 9.00
City Farmville State NC Zip Code 27828	<b>Transaction ID : 790b4879-f7d4-458b-b</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Ms. Kay Hagan <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: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Theresa A Touchet</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2014
Mailing Address 102 French Street #3	Amount 52.50
City New Orleans State LA Zip Code 70124	<b>Transaction ID : 80f4f9f0-9da0-49b4-9</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <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 554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	61.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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 05 / 14 / 2015

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 0 2px;">C</span> 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 <b>Theresa A Touchet</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>                      07 / 08 / 2014                 </div>
Mailing Address    102 French Street #3	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>                      1.50                 </div>
City    State    Zip Code New Orleans    LA    70124	<b>Transaction ID : 5aedf942-77d0-4300-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>                      07 / 08 / 2014                 </div>
Purpose of Expenditure Mileage    Category/Type <span style="border: 1px solid black; padding: 0 5px;">002</span>	Name of Federal Candidate <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>  00  </u> Ms. Mary L Landrieu <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>  LA  </u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 5px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Timothy Foley</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>                      07 / 08 / 2014                 </div>
Mailing Address    20679 Glenbrook Terrace	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>                      70.00                 </div>
City    State    Zip Code Sterling    VA    20165	<b>Transaction ID : a52aac49-c9d9-4879-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>                      07 / 08 / 2014                 </div>
Purpose of Expenditure Salary    Category/Type <span style="border: 1px solid black; padding: 0 5px;">001</span>	Name of Federal Candidate <input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>  00  </u> Ms. Kay Hagan <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>  NC  </u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 5px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>                      71.50                 </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>                      _____                 </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>                      _____                 </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*        **[Electronically Filed]**    Date    05 / 14 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Zachary Vidrine</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 08 / 2014</b>
Mailing Address 202 Rue Des Cajun	Amount <b>35.00</b>
City Ville Platte	State LA
Zip Code 70586	Transaction ID : <b>940fb727-7a69-4895-b</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>
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 <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Zachary Vidrine</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 08 / 2014</b>
Mailing Address 202 Rue Des Cajun	Amount <b>14.40</b>
City Ville Platte	State LA
Zip Code 70586	Transaction ID : <b>cc5078d5-4ad9-4bcc-b</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>
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 <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>49.40</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

[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 Benjamin Hernandez
Mailing Address 915 E Market Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/08/2014
Amount 50.00
Transaction ID : 1f79cbb0-d107-4844-a
Date of Disbursement or Obligation 07/08/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Benjamin Hernandez
Mailing Address 915 E Market Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/08/2014
Amount 5.10
Transaction ID : 5adda06e-bb13-4b8f-9
Date of Disbursement or Obligation 07/08/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 55.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Christopher Marquess</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 08 / 2014
Mailing Address 110 W Pecan St	Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>
City State Zip Code Ville Platte LA 70586	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Christopher Marquess</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 08 / 2014
Mailing Address 110 W Pecan St	Amount <span style="border: 1px solid black; padding: 2px;">31.20</span>
City State Zip Code Ville Platte LA 70586	
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">71.20</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015



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
Date of Public Distribution/Dissemination
07 / 08 / 2014
Amount
10.00
Transaction ID : 1b863ff5-b171-4a31-9
Date of Disbursement or Obligation
07 / 08 / 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
554635.78
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Lesley Lennox
Mailing Address
2305 Cleary Ave
City
Metairie State
LA Zip Code
70001
Date of Public Distribution/Dissemination
07 / 08 / 2014
Amount
0.90
Transaction ID : 2bc170d5-6783-49ae-8
Date of Disbursement or Obligation
07 / 08 / 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
554635.78
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 10.90
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Robin L Bennett
Mailing Address
3505 Beaumont St
Apt 13D
City
Neosho State
MO Zip Code
64850
Purpose of Expenditure
Salary Category/Type
001

Date of Public Distribution/Dissemination
07 / 08 / 2014
Amount
10.00
Transaction ID : 67b87ebe-b77a-4a1b-a
Date of Disbursement or Obligation
07 / 08 / 2014

Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Office Sought:
House
Senate
District: 00
State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Robin L Bennett
Mailing Address
3505 Beaumont St
Apt 13D
City
Neosho State
MO Zip Code
64850
Purpose of Expenditure
Mileage Category/Type
002

Date of Public Distribution/Dissemination
07 / 08 / 2014
Amount
34.50
Transaction ID : ec59cee0-3cea-4b63-9
Date of Disbursement or Obligation
07 / 08 / 2014

Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Office Sought:
House
Senate
District: 00
State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 44.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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: James Antonetz
Mailing Address: 11127 Gila Valley Dr
City: Little Rock, State: AR, Zip Code: 72212
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/08/2014
Amount: 30.00
Transaction ID: 15c40775-3a79-4e8a-b
Name of Federal Candidate: Mr. Mark L Pryor, Office Sought: Senate, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: General 2014

Full Name of Payee: James Antonetz
Mailing Address: 11127 Gila Valley Dr
City: Little Rock, State: AR, Zip Code: 72212
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/08/2014
Amount: 3.60
Transaction ID: 81fb1b79-c3fb-4aef-a
Name of Federal Candidate: Mr. Mark L Pryor, Office Sought: Senate, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 33.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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 Morgan T McCabe
Mailing Address 107 Alene Ln
City Bald Knob State AR Zip Code 72010
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 07 / 08 / 2014
Amount 30.00
Transaction ID : 51c99047-0960-4f87-8
Date of Disbursement or Obligation 07 / 08 / 2014

Name of Federal Candidate Mr. Mark L Pryor
Support Oppose
Office Sought: House Senate State: AR

Disbursement For: Primary General 2014
Other (specify)

Full Name of Payee Morgan T McCabe
Mailing Address 107 Alene Ln
City Bald Knob State AR Zip Code 72010
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 07 / 08 / 2014
Amount 4.20
Transaction ID : ffd809b4-6a19-4c57-8
Date of Disbursement or Obligation 07 / 08 / 2014

Name of Federal Candidate Mr. Mark L Pryor
Support Oppose
Office Sought: House Senate State: AR

Disbursement For: Primary General 2014
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 34.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Brian Saltzler</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 08 / 2014</b>
Mailing Address 601 S College Road	Amount <b>40.00</b>
City Wilmington	State NC
Zip Code 28403	<b>Transaction ID : 03967ced-d9ea-487f-a</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 08 / 2014</b>
Category/Type <b>001</b>	Name of Federal Candidate Ms. Kay Hagan
Name of Federal Candidate Ms. Kay Hagan	<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>NC</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) ▶
<b>1095959.94</b>	

Full Name of Payee <b>Brian Saltzler</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 08 / 2014</b>
Mailing Address 601 S College Road	Amount <b>2.70</b>
City Wilmington	State NC
Zip Code 28403	<b>Transaction ID : b0b2e010-668e-47be-8</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 08 / 2014</b>
Category/Type <b>002</b>	Name of Federal Candidate Ms. Kay Hagan
Name of Federal Candidate Ms. Kay Hagan	<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>NC</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) ▶
<b>1095959.94</b>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>42.70</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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: Phillip Williams
Mailing Address: 3007 Darden Rd
City: Greensboro, State: NC, Zip Code: 27407
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/08/2014
Amount: 77.50
Transaction ID: f179671b-76d7-4070-8
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Phillip Williams
Mailing Address: 3007 Darden Rd
City: Greensboro, State: NC, Zip Code: 27407
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/08/2014
Amount: 18.00
Transaction ID: 226836a4-a563-458f-8
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 95.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Beverly Williams
Mailing Address
3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure
Salary Category/Type 001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination
07 / 08 / 2014
Amount
77.50
Transaction ID : 5c698c43-44e0-47c8-9
Date of Disbursement or Obligation
07 / 08 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Mr. Haley Brown
Mailing Address
344 Natalie Drive
City Winston-Salem State NC Zip Code 27030
Purpose of Expenditure
Salary Category/Type 001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination
07 / 08 / 2014
Amount
30.00
Transaction ID : 1691ff32-69ff-4034-a
Date of Disbursement or Obligation
07 / 08 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 107.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Mr. Haley Brown
Mailing Address
344 Natalie Drive
City
Winston-Salem State
NC Zip Code
27030
Purpose of Expenditure
Mileage Category/
Type 002

Date of Public Distribution/Dissemination
07 / 08 / 2014
Amount
6.00
Transaction ID : 5dee8712-c23a-4057-8
Date of Disbursement or Obligation
07 / 08 / 2014

Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose
Office Sought:
House
Senate
District: 00
State: NC

Disbursement For:
Primary
General
Other (specify)
2014

Full Name of Payee
Francis Richardson
Mailing Address
220 Doucet Rd
City
Lafayette State
LA Zip Code
70503
Purpose of Expenditure
Salary Category/
Type 001

Date of Public Distribution/Dissemination
07 / 08 / 2014
Amount
25.00
Transaction ID : badec423-7964-45c0-9
Date of Disbursement or Obligation
07 / 08 / 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..... 31.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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
Francis Richardson
Mailing Address
220 Doucet Rd
City
Lafayette State
LA Zip Code
70503
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 08 / 2014
Amount
1.95
Transaction ID : 6719b8fe-d31a-4418-9
Date of Disbursement or Obligation
07 / 08 / 2014
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Ralph Smith
Mailing Address
2090 Fancy Gap Rd
City
Mt. Airy State
NC Zip Code
27030
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 08 / 2014
Amount
40.00
Transaction ID : 5032cf06-52ac-4f17-8
Date of Disbursement or Obligation
07 / 08 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 41.95
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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 Wilson
Mailing Address: 907 Randall Drive
City: Searcy, State: AR, Zip Code: 72149
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/08/2014
Amount: 30.00
Transaction ID: e92d0dda-cca3-4941-b
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Amelia Brackett
Mailing Address: 804 Roundabout Circle
City: Searcy, State: AR, Zip Code: 72143
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/08/2014
Amount: 10.00
Transaction ID: be468caf-7924-4bea-b
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] 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.

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015



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: Chris McCoy
Mailing Address: 1025 Cayley Ct
City: High Point, State: NC, Zip Code: 27260
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/08/2014
Amount: 80.00
Transaction ID: ea4bfc5b-448f-468e-8
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Chris McCoy
Mailing Address: 1025 Cayley Ct
City: High Point, State: NC, Zip Code: 27260
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/08/2014
Amount: 18.30
Transaction ID: cb473912-8eac-4ef2-b
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 98.30
(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 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00530766</span> </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 <b>Michael Vidrine</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 08 / 2014</span> </div>						
Mailing Address    1103 West Wilson Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">40.00</span> </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">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	<b>Transaction ID : 51b5b14a-1c38-4921-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 08 / 2014</span> </div>
City	State	Zip Code					
Ville Platte	LA	70586					
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;"> <span style="font-size: 1.2em; font-weight: bold;">554635.78</span> </div>						
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____							

Full Name of Payee <b>Michael Vidrine</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 08 / 2014</span> </div>						
Mailing Address    1103 West Wilson Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">22.50</span> </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">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	<b>Transaction ID : c24eba61-1edd-4f47-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 08 / 2014</span> </div>
City	State	Zip Code					
Ville Platte	LA	70586					
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;"> <span style="font-size: 1.2em; font-weight: bold;">554635.78</span> </div>						
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____							

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">62.50</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </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  
05 / 14 / 2015

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: Jeremy Hollar
Mailing Address: 121 Meadowview Drive
City: Boone, State: NC, Zip Code: 28607
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 20.00
Transaction ID: b1553c78-9187-4a2a-a
Date of Disbursement or Obligation: 07/08/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Jeremy Hollar
Mailing Address: 121 Meadowview Drive
City: Boone, State: NC, Zip Code: 28607
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 7.50
Transaction ID: 19c9856b-303a-4bfd-8
Date of Disbursement or Obligation: 07/08/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 27.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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 Ms. Tonya Boyd
Mailing Address 2357 Fancy Cap Rd
City Mt. Airy State NC Zip Code 27030
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 07 / 08 / 2014
Amount 70.00
Transaction ID : d54aa87b-8d6b-42bf-8
Date of Disbursement or Obligation 07 / 08 / 2014

Name of Federal Candidate Ms. Kay Hagan
Support Oppose
Office Sought: House Senate State: NC

Disbursement For: Primary General 2014
Other (specify)

Full Name of Payee Ms. Tonya Boyd
Mailing Address 2357 Fancy Cap Rd
City Mt. Airy State NC Zip Code 27030
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 07 / 08 / 2014
Amount 16.53
Transaction ID : 0ae669c4-d312-4a45-a
Date of Disbursement or Obligation 07 / 08 / 2014

Name of Federal Candidate Ms. Kay Hagan
Support Oppose
Office Sought: House Senate State: NC

Disbursement For: Primary General 2014
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 86.53
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Patrice Wolfe</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 09 / 2014</b>	
Mailing Address 9909 Treasure Hill Rd		Amount <b>10.00</b>	
City Little Rock	State AR	Zip Code 72205	<b>Transaction ID : 24d779aa-9e86-4615-8</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 <b>07 / 09 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Patrice Wolfe</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 09 / 2014</b>	
Mailing Address 9909 Treasure Hill Rd		Amount <b>1.80</b>	
City Little Rock	State AR	Zip Code 72205	<b>Transaction ID : e0beb2c5-0245-4a21-9</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 <b>07 / 09 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>11.80</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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
Belinda Blake
Mailing Address
7214 Duchamp Dr.
City
Char State
NC Zip Code
28215
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 09 / 2014
Amount
30.00
Transaction ID : dca3a4af-5197-43f9-8
Date of Disbursement or Obligation
07 / 09 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Belinda Blake
Mailing Address
7214 Duchamp Dr.
City
Char State
NC Zip Code
28215
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 09 / 2014
Amount
8.10
Transaction ID : 21c2305f-5889-4e71-9
Date of Disbursement or Obligation
07 / 09 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 38.10
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
---	--

Check if  24-hour report  48-hour report  New report  Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee <b>Casey Stockton</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <b>07 / 09 / 2014</b>		
Mailing Address 105 South Dale St			Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>		
City Spruce Pine	State NC	Zip Code 28777			
Purpose of Expenditure Salary		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Name of Federal Candidate Ms. Kay Hagan <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>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>					

Full Name of Payee <b>Casey Stockton</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <b>07 / 09 / 2014</b>		
Mailing Address 105 South Dale St			Amount <span style="border: 1px solid black; padding: 2px;">15.30</span>		
City Spruce Pine	State NC	Zip Code 28777			
Purpose of Expenditure Mileage		Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Name of Federal Candidate Ms. Kay Hagan <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>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>					

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">95.30</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
**05 / 14 / 2015**

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: Lorri Anderson
Mailing Address: 7214 Duchamp Dr
City: Charlotte, State: NC, Zip Code: 23215
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/09/2014
Amount: 30.00
Transaction ID: 72c64ae1-6350-4ef5-b
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Lorri Anderson
Mailing Address: 7214 Duchamp Dr
City: Charlotte, State: NC, Zip Code: 23215
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/09/2014
Amount: 0.60
Transaction ID: b9fc6314-3bf6-4c00-b
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 30.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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 Erika Burfield
Mailing Address 2939 Country Club Drive
City Hampstead State NC Zip Code 28443
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/09/2014
Amount 45.00
Transaction ID : 904fe2dc-fa84-4496-8
Date of Disbursement or Obligation 07/09/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Erika Burfield
Mailing Address 2939 Country Club Drive
City Hampstead State NC Zip Code 28443
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/09/2014
Amount 9.00
Transaction ID : b07127f9-26cc-471f-a
Date of Disbursement or Obligation 07/09/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 54.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Nathan O Murdock</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 09 / 2014</b>	
Mailing Address 8837 Plantation Landing Dr		Amount <b>35.00</b>	
City Wilmington	State NC	Zip Code 28411	<b>Transaction ID : b17fb271-e13a-40ff-a</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 09 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Nathan O Murdock</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 09 / 2014</b>	
Mailing Address 8837 Plantation Landing Dr		Amount <b>4.20</b>	
City Wilmington	State NC	Zip Code 28411	<b>Transaction ID : 205e9f05-28ad-4c02-8</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 09 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>39.20</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Ky Broussard</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 09 / 2014</b>	
Mailing Address <b>301 N Cedar Street</b>		Amount <b>50.00</b>	
City <b>Abbeville</b>	State <b>LA</b>	Zip Code <b>70510</b>	<b>Transaction ID : 31c10737-6d5e-4aaf-b</b>
Purpose of Expenditure <b>Salary</b>	Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 09 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Ky Broussard</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 09 / 2014</b>	
Mailing Address <b>301 N Cedar Street</b>		Amount <b>12.90</b>	
City <b>Abbeville</b>	State <b>LA</b>	Zip Code <b>70510</b>	<b>Transaction ID : fed059c3-8874-40be-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 09 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>62.90</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**



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
Ralphie Lockhart
Mailing Address
6310 Col Glenn Rd
City
Little Rock State
AR Zip Code
72204
Purpose of Expenditure
Salary Category/Type
001

Date of Public Distribution/Dissemination
07 / 09 / 2014
Amount
25.00
Transaction ID : 9cae35-23be-4549-a
Date of Disbursement or Obligation
07 / 09 / 2014

Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Office Sought:
House
Senate
District: 00
State: AR

Disbursement For:
Primary
General
Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
292370.62
Full Name of Payee
Karl L Starns
Mailing Address
4120 Bon Aire Dr
Apt 6307
City
Monroe State
LA Zip Code
71212
Purpose of Expenditure
Salary Category/Type
001

Date of Public Distribution/Dissemination
07 / 09 / 2014
Amount
50.00
Transaction ID : 010bab1a-7b27-4c55-a
Date of Disbursement or Obligation
07 / 09 / 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)

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures 75.00. Row (b) SUBTOTAL of Unitemized Independent Expenditures. Row (c) TOTAL Independent Expenditures.

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

Signature Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015

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: Karl L Starns
Mailing Address: 4120 Bon Aire Dr Apt 6307
City: Monroe State: LA Zip Code: 71212
Purpose of Expenditure: Mileage Category/Type: 002
Date of Public Distribution/Dissemination: 07/09/2014
Amount: 6.00
Transaction ID: 9d4b9bc2-a952-417f-a
Date of Disbursement or Obligation: 07/09/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: General 2014

Full Name of Payee: Solveig Lysne
Mailing Address: 7121 Oyster Lane
City: Wilmington State: NC Zip Code: 28411
Purpose of Expenditure: Salary Category/Type: 001
Date of Public Distribution/Dissemination: 07/09/2014
Amount: 59.00
Transaction ID: 15859701-8c22-4f3e-8
Date of Disbursement or Obligation: 07/09/2014
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate State: NC
Disbursement For: General 2014

(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 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		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 <b>Solveig Lysne</b>		Date of Public Distribution/Dissemination 07 / 09 / 2014	
Mailing Address 7121 Oyster Lane		Amount 6.30	
City Wilmington	State NC	Zip Code 28411	Transaction ID : cf92022a-f644-4748-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation 07 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Brandy Starns</b>		Date of Public Distribution/Dissemination 07 / 09 / 2014	
Mailing Address 300 Evangeline St		Amount 50.00	
City Monroe	State LA	Zip Code 71201	Transaction ID : f5d3fe5f-d870-40f4-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation 07 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	56.30
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015

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 Johnson
Mailing Address: 105 South Dale St
City: Spruce Pine, State: NC, Zip Code: 28777
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/09/2014
Amount: 80.00
Transaction ID: 75d64512-359e-4360-a
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Larry Freeman
Mailing Address: 11214 Mesa drive
City: Little rock, State: AR, Zip Code: 72211
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/09/2014
Amount: 40.00
Transaction ID: 066ca8a6-31e8-4ede-9
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 120.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Felice Barrett</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address <b>1588 Asbury</b>		Amount <input type="text"/>	
City <b>Springdale</b>	State <b>AR</b>	Zip Code <b>72762</b>	<b>85.00</b>
Purpose of Expenditure Salary		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<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>AR</u>
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) ▶	

**Transaction ID : 42ce8270-ef3c-4cf7-a**

Full Name of Payee <b>Felice Barrett</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address <b>1588 Asbury</b>		Amount <input type="text"/>	
City <b>Springdale</b>	State <b>AR</b>	Zip Code <b>72762</b>	<b>4.50</b>
Purpose of Expenditure Mileage		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<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>AR</u>
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) ▶	

**Transaction ID : 414ef0fa-0d4b-44ee-9**

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

**89.50**

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

05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Sharon Lloyd</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 09 / 2014</b>
Mailing Address 4301 Lankford		Amount <b>85.00</b>
City Springdale	State AR	Zip Code 72762
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 09 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought	<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Sharon Lloyd</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 09 / 2014</b>
Mailing Address 4301 Lankford		Amount <b>13.50</b>
City Springdale	State AR	Zip Code 72762
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 09 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought	<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>98.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Andrew Shiver</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 09 / 2014</b>	
Mailing Address 110 Earlston Ct		Amount 45.00	
City Knightdale	State NC	Zip Code 27545	<b>Transaction ID : 2949663d-a68e-4b62-b</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 <b>07 / 09 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Andrew Shiver</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 09 / 2014</b>	
Mailing Address 110 Earlston Ct		Amount 11.40	
City Knightdale	State NC	Zip Code 27545	<b>Transaction ID : fdc388e9-0ada-4d04-b</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 <b>07 / 09 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	56.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date **05 / 14 / 2015**

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
Mariah L Garcie
Mailing Address
9344 Forbing Rd
City
Shreveport State
LA Zip Code
71106
Date of Public Distribution/Dissemination
07 / 09 / 2014
Amount
20.00
Transaction ID : e82042aa-89e4-4e01-9
Purpose of Expenditure
Salary Category/Type
001
Date of Disbursement or Obligation
07 / 09 / 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
554635.78
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Mariah L Garcie
Mailing Address
9344 Forbing Rd
City
Shreveport State
LA Zip Code
71106
Date of Public Distribution/Dissemination
07 / 09 / 2014
Amount
6.00
Transaction ID : bd3815b4-8c4a-484f-8
Purpose of Expenditure
Mileage Category/Type
002
Date of Disbursement or Obligation
07 / 09 / 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
554635.78
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 26.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Xavier Miller
Mailing Address: 407 randall Dr
City: Searcy, State: AR, Zip Code: 72143
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/09/2014
Amount: 30.00
Transaction ID: a6edaf90-a33c-4ead-9
Date of Disbursement or Obligation: 07/09/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

Full Name of Payee: Xavier Miller
Mailing Address: 407 randall Dr
City: Searcy, State: AR, Zip Code: 72143
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/09/2014
Amount: 30.00
Transaction ID: 0409dddc-e194-4dc3-9
Date of Disbursement or Obligation: 07/09/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 60.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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: Jeremy Hollar
Mailing Address: 121 Meadowview Drive
City: Boone, State: NC, Zip Code: 28607
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/09/2014
Amount: 25.00
Transaction ID: 7ca72dba-8442-4161-8
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: General

Full Name of Payee: Jeremy Hollar
Mailing Address: 121 Meadowview Drive
City: Boone, State: NC, Zip Code: 28607
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/09/2014
Amount: 8.10
Transaction ID: 5c07aaed-9dfa-4c06-b
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 33.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black;">C</span> C00530766                 </div>
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee <b>Jonathan Odette</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">M M M / D D D / Y Y Y Y Y Y</span>                      07 / 09 / 2014                 </div>	
Mailing Address 9600 Earpsboro Chamblee Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">                     45.00                 </div>	
City Wendell	State NC	Zip Code 27591	Transaction ID : <b>c4781736-75a4-4101-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">M M M / D D D / Y Y Y Y Y Y</span>                      07 / 09 / 2014                 </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">                     001                 </div>	Name of Federal Candidate Ms. Kay Hagan	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">                     1095959.94                 </div>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Jonathan Odette</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">M M M / D D D / Y Y Y Y Y Y</span>                      07 / 09 / 2014                 </div>	
Mailing Address 9600 Earpsboro Chamblee Road		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">                     26.10                 </div>	
City Wendell	State NC	Zip Code 27591	Transaction ID : <b>b29e937e-a243-41af-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">M M M / D D D / Y Y Y Y Y Y</span>                      07 / 09 / 2014                 </div>
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">                     002                 </div>	Name of Federal Candidate Ms. Kay Hagan	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">                     1095959.94                 </div>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">                     71.10                 </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">                     _____                 </div>
(c) <b>TOTAL</b> 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 M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2015

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 Caleb Craig
Mailing Address 1410 Bushville drive
City Lenoir State NC Zip Code 28645
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination 07/09/2014
Amount 30.00
Transaction ID : 9712de63-2ffd-4ece-a
Date of Disbursement or Obligation 07/09/2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Caleb Craig
Mailing Address 1410 Bushville drive
City Lenoir State NC Zip Code 28645
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination 07/09/2014
Amount 8.10
Transaction ID : 40402181-71e0-4473-b
Date of Disbursement or Obligation 07/09/2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 38.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan

[Electronically Filed]

Date 05/14/2015

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>																				
		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																						
<table border="1" style="display: inline-table; border-collapse: collapse;"> <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> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y										
M	M	/	D	D	/	Y	Y	Y	Y													

Full Name of Payee <b>Francesca Blom</b>		Date of Public Distribution/Dissemination 07 / 09 / 2014	
Mailing Address 101 Asbury Ct		Amount 90.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 07e3d4fe-b59a-44be-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 07 / 09 / 2014
Name of Federal Candidate Ms. Kay Hagan		<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: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Peter Sahuc</b>		Date of Public Distribution/Dissemination 07 / 09 / 2014	
Mailing Address 107 Phillip Ave		Amount 30.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 4cdd1ef5-37de-4697-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 07 / 09 / 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		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	120.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

[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
Peter Sahuc
Mailing Address
107 Phillip Ave
City
Lafayette State
LA Zip Code
70503
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 09 / 2014
Amount
3.72
Transaction ID : aa34e616-68e4-4944-9
Date of Disbursement or Obligation
07 / 09 / 2014
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Melanie Slagle
Mailing Address
77 Southridge Drive
City
Spruce Pine State
NC Zip Code
28777
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 09 / 2014
Amount
10.00
Transaction ID : b5c03777-13ee-49a1-b
Date of Disbursement or Obligation
07 / 09 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 13.72
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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 Melanie Slagle
Mailing Address 77 Southridge Drive
City Spruce Pine State NC Zip Code 28777
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/09/2014
Amount 3.00
Transaction ID : ec08d45c-5c4c-4d38-9
Date of Disbursement or Obligation 07/09/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Evelyn Lesaicherre
Mailing Address 629 Radianc Ave
City Metairie State LA Zip Code 70001
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/09/2014
Amount 70.00
Transaction ID : 8bcbfa99-e906-4b68-a
Date of Disbursement or Obligation 07/09/2014
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 554635.78
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 73.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Amount: 7.80
Transaction ID: ed91018b-d309-4a28-a
Date of Disbursement or Obligation: 07/09/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General

Full Name of Payee: Ralph Smith
Mailing Address: 2090 Fancy Gap Rd
City: Mt. Airy, State: NC, Zip Code: 27030
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 60.00
Transaction ID: 0ae2f7ca-f9c6-43ee-9
Date of Disbursement or Obligation: 07/09/2014
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate, State: NC
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 67.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Ralph Smith
Mailing Address
2090 Fancy Gap Rd
City
Mt. Airy State
NC Zip Code
27030
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose

Date of Public Distribution/Dissemination
07 / 09 / 2014
Amount
15.00
Transaction ID : 87d0c0d0-fe46-4712-8
Date of Disbursement or Obligation
07 / 09 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Robin L Bennett
Mailing Address
3505 Beaumont St
Apt 13D
City
Neosho State
MO Zip Code
64850
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose

Date of Public Distribution/Dissemination
07 / 09 / 2014
Amount
40.00
Transaction ID : 1dc00031-82bc-4259-8
Date of Disbursement or Obligation
07 / 09 / 2014
Office Sought: House District: 00
President Senate State: AR
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 05 / 14 / 2015
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
Robin L Bennett
Mailing Address
3505 Beaumont St
Apt 13D
City
Neosho State
MO Zip Code
64850
Purpose of Expenditure
Mileage Category/Type
002
Date of Public Distribution/Dissemination
07 / 09 / 2014
Amount
43.50
Transaction ID : 9195cb7d-3c6f-4322-8
Date of Disbursement or Obligation
07 / 09 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Andrea L Hammond
Mailing Address
12920 Kneeland Ln
City
Neosho State
MO Zip Code
64850
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
07 / 09 / 2014
Amount
40.00
Transaction ID : c3700681-0b3f-4583-b
Date of Disbursement or Obligation
07 / 09 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 83.50
(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 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> <span style="font-family: monospace; font-size: 1.2em;">C00530766</span> </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 <div style="float: right; margin-left: 20px;"> <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> </div>	

Full Name of Payee <b>Andrea L Hammond</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 09 / 2014
Mailing Address    12920 Kneeland Ln	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1.20</div>
City    State    Zip Code Neosho    MO    64850	
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;">292370.62</div>
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Reagan Brackett</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 09 / 2014
Mailing Address    502 E Center Ave	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10.00</div>
City    State    Zip Code Searcy    AR    72143	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;">292370.62</div>
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">11.20</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(c) TOTAL</b> 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 M / D D D / Y Y Y Y Y Y  
05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Roman Rys</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 09 / 2014
Mailing Address 635 Lotarche St	Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>
City State Zip Code Greenville NC 27858	<b>Transaction ID : 928b5b0f-3dd6-4eb0-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 09 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Roman Rys</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 09 / 2014
Mailing Address 635 Lotarche St	Amount <span style="border: 1px solid black; padding: 2px;">14.10</span>
City State Zip Code Greenville NC 27858	<b>Transaction ID : 3ee241b5-63bd-4413-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 09 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">64.10</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

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: Saige Anderson
Mailing Address: PO Box 424
City: Searcy, State: AR, Zip Code: 72145
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/09/2014
Amount: 50.00
Transaction ID: 5ac0097a-34d9-4868-a
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Saige Anderson
Mailing Address: PO Box 424
City: Searcy, State: AR, Zip Code: 72145
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/09/2014
Amount: 10.59
Transaction ID: e2624091-14f2-4aa5-b
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 60.59
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00530766</span> </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 <b>Timothy Foley</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 09 / 2014</span> </div>
Mailing Address 20679 Glenbrook Terrace	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">67.50</span> </div>
City State Zip Code Sterling VA 20165	<b>Transaction ID : d16685ad-731c-4d3c-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 09 / 2014</span> </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> <span style="font-size: 1.2em; font-weight: bold;">001</span> </div>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">1095959.94</span> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Kenny Wallis</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 09 / 2014</span> </div>
Mailing Address 6412 Osage Dr	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">30.00</span> </div>
City State Zip Code North Little rock AR 72116	<b>Transaction ID : b560c86f-ee15-40f6-9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 09 / 2014</span> </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> <span style="font-size: 1.2em; font-weight: bold;">001</span> </div>
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">292370.62</span> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">97.50</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">00.00</span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">97.50</span> </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  
05 / 14 / 2015

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 09 / 2014</b>
Mailing Address <b>6412 Osage Dr</b>		Amount <b>2.25</b>
City <b>North Little rock</b>	State <b>AR</b>	Zip Code <b>72116</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Transaction ID : <b>972e5f5c-f43d-41be-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 09 / 2014</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Malinda Ledford</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 09 / 2014</b>
Mailing Address <b>44 Bell Street Ext</b>		Amount <b>80.00</b>
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>367948e4-3de2-4c32-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 09 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>82.25</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan [Electronically Filed] Date **05 / 14 / 2015**  
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: Malinda Ledford
Mailing Address: 44 Bell Street Ext
City: Spruce Pine, State: NC, Zip Code: 28777
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/09/2014
Amount: 25.80
Transaction ID: a02a5eee-f602-4664-9
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Myeisha M Ross
Mailing Address: 3411 Asher Ave
City: Little Rock, State: AR, Zip Code: 72209
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/09/2014
Amount: 50.00
Transaction ID: a5e51390-761b-49e4-a
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 75.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Amiracle R Ross</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 09 / 2014
Mailing Address 3411 Asher Ave	Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>
City Little Rock State AR Zip Code 72204	<b>Transaction ID : afdc61e0-a819-498e-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 09 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Mr. Mark L Pryor <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: AR
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Amiracle R Ross</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 09 / 2014
Mailing Address 3411 Asher Ave	Amount <span style="border: 1px solid black; padding: 2px;">12.00</span>
City Little Rock State AR Zip Code 72204	<b>Transaction ID : 11ab0097-65f5-4c02-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 09 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Mr. Mark L Pryor <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: AR
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">62.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

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 Francis Richardson
Mailing Address 220 Doucet Rd
City Lafayette State LA Zip Code 70503
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Calendar Year-To-Date Per Election for Office Sought 554635.78

Date of Public Distribution/Dissemination 07 / 09 / 2014
Amount 25.00
Transaction ID : 712463c1-fb7c-4789-b
Date of Disbursement or Obligation 07 / 09 / 2014
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Francis Richardson
Mailing Address 220 Doucet Rd
City Lafayette State LA Zip Code 70503
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Calendar Year-To-Date Per Election for Office Sought 554635.78

Date of Public Distribution/Dissemination 07 / 09 / 2014
Amount 1.53
Transaction ID : 62186cfe-831a-4b03-b
Date of Disbursement or Obligation 07 / 09 / 2014
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 26.53
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> 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 <b>Theresa Burkhart</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em;">07 / 09 / 2014</span> </div>						
Mailing Address    3126 Chester Ct	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em;">40.00</span> </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>Metairie</td> <td>LA</td> <td>70006</td> </tr> </table>	City	State	Zip Code	Metairie	LA	70006	<b>Transaction ID : 198df56a-a306-4e53-9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em;">07 / 09 / 2014</span> </div>
City	State	Zip Code					
Metairie	LA	70006					
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;"> <span style="font-size: 1.2em;">554635.78</span> </div>						
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____							

Full Name of Payee <b>Theresa Burkhart</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em;">07 / 09 / 2014</span> </div>						
Mailing Address    3126 Chester Ct	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em;">4.08</span> </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>Metairie</td> <td>LA</td> <td>70006</td> </tr> </table>	City	State	Zip Code	Metairie	LA	70006	<b>Transaction ID : 3f3fc17b-f2ba-45b1-9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em;">07 / 09 / 2014</span> </div>
City	State	Zip Code					
Metairie	LA	70006					
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;"> <span style="font-size: 1.2em;">554635.78</span> </div>						
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____							

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em;">44.08</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em;"> </span> </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  
05 / 14 / 2015

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
07 / 09 / 2014
Amount
40.00
Transaction ID : 6c997ae2-acaf-43b4-a
Date of Disbursement or Obligation
07 / 09 / 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
554635.78
Disbursement For: Primary General 2014 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
Mileage Category/Type
002
Date of Public Distribution/Dissemination
07 / 09 / 2014
Amount
33.60
Transaction ID : abe06a2e-4c3e-42da-a
Date of Disbursement or Obligation
07 / 09 / 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
554635.78
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 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Ms. Amanda Posey</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014
Mailing Address 819 Lyons St		Amount 40.00
City New Orleans	State LA	Zip Code 70115
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Virginia M Stevens</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014
Mailing Address 1691 Fork Mtn Rd		Amount 80.00
City Bakersville	State NC	Zip Code 28705
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	120.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 05 / 14 / 2015

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 M Stevens
Mailing Address
1691 Fork Mtn Rd
City
Bakersville State
NC Zip Code
28705
Date of Public Distribution/Dissemination
07 / 09 / 2014
Amount
2.40
Transaction ID : 31d07571-6fc4-41c1-9
Date of Disbursement or Obligation
07 / 09 / 2014
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Marilyn Riley
Mailing Address
338 Wayne Drive
City
Shreveport State
LA Zip Code
71105
Date of Public Distribution/Dissemination
07 / 09 / 2014
Amount
20.00
Transaction ID : 17be1011-4262-41a4-8
Date of Disbursement or Obligation
07 / 09 / 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
554635.78
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 22.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Ms. Amanda Posey</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014
Mailing Address 819 Lyons St		Amount 40.00
City New Orleans	State LA	Zip Code 70115
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 15d01167-6055-4381-8 Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 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	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Zachary Vidrine</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014
Mailing Address 202 Rue Des Cajun		Amount 35.00
City Ville Platte	State LA	Zip Code 70586
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : cc014767-865c-4d96-b Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 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	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	75.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Zachary Vidrine</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 09 / 2014</b>	
Mailing Address 202 Rue Des Cajun		Amount <b>9.90</b>	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : <b>ce601bc4-2c43-4eb8-9</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 09 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jeffrey Hampton</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 09 / 2014</b>	
Mailing Address 1700 E Part Ave		Amount <b>25.00</b>	
City Searcy	State AR	Zip Code 72149	Transaction ID : <b>58c6f9fd-365d-446f-a</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 09 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>34.90</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date **05 / 14 / 2015**

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
Jeffrey Hampton
Mailing Address
1700 E Part Ave
City
Searcy State
AR Zip Code
72149
Date of Public Distribution/Dissemination
07 / 09 / 2014
Amount
3.45
Transaction ID : 637ea839-3543-4fde-9
Date of Disbursement or Obligation
07 / 09 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Chris McCoy
Mailing Address
1025 Cayley Ct
City
High Point State
NC Zip Code
27260
Date of Public Distribution/Dissemination
07 / 09 / 2014
Amount
80.00
Transaction ID : b09d612f-a52a-4e91-b
Date of Disbursement or Obligation
07 / 09 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 83.45
(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 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Chris McCoy</b>	Date of Public Distribution/Dissemination <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> 07 / 09 / 2014
Mailing Address 1025 Cayley Ct	Amount <span style="float:right">20.40</span>
City High Point State NC Zip Code 27260	<b>Transaction ID : d80e7ac3-6e55-45ce-b</b> Date of Disbursement or Obligation <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> 07 / 09 / 2014
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="float:right">1095959.94</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>James Antonetz</b>	Date of Public Distribution/Dissemination <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> 07 / 09 / 2014
Mailing Address 11127 Gila Valley Dr	Amount <span style="float:right">40.00</span>
City Little Rock State AR Zip Code 72212	<b>Transaction ID : 94707dfa-c1a8-4a72-a</b> Date of Disbursement or Obligation <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> 07 / 09 / 2014
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor	<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: AR
Calendar Year-To-Date Per Election for Office Sought <span style="float:right">292370.62</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="float:right">60.40</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015



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
Elizabeth Hanks
Mailing Address
891 W. Melmar
City
Fayetteville State
AR Zip Code
72703
Purpose of Expenditure
Mileage Category/Type
002
Date of Public Distribution/Dissemination
07 / 09 / 2014
Amount
2.19
Transaction ID : b7578ad0-8dbf-442f-b
Date of Disbursement or Obligation
07 / 09 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Office Sought:
House District: 00
President Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Petrina Williams
Mailing Address
3007 Darden Rd
City
Greensboro State
NC Zip Code
27407
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
07 / 09 / 2014
Amount
33.00
Transaction ID : f1715aeb-f206-4a85-8
Date of Disbursement or Obligation
07 / 09 / 2014
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Office Sought:
House District: 00
President Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 35.19
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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
Petrina Williams
Mailing Address
3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure
Mileage Category/Type 002

Date of Public Distribution/Dissemination
07 / 09 / 2014
Amount
15.00
Transaction ID : d964389d-0e4a-4ef3-a
Date of Disbursement or Obligation
07 / 09 / 2014

Name of Federal Candidate
Ms. Kay Hagan
Support Oppose
Office Sought: House Senate
District: 00 State: NC

Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Gosch Ellers
Mailing Address
377 Darlington Ave
City Wilmington State NC Zip Code 28403
Purpose of Expenditure
Salary Category/Type 001

Date of Public Distribution/Dissemination
07 / 09 / 2014
Amount
50.00
Transaction ID : 76d33001-04f5-4b22-a
Date of Disbursement or Obligation
07 / 09 / 2014

Name of Federal Candidate
Ms. Kay Hagan
Support Oppose
Office Sought: House Senate
District: 00 State: NC

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 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Gosch Ellers</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 377 Darlington Ave		Amount 17.10	
City Wilmington	State NC	Zip Code 28403	<b>Transaction ID : 54521dc4-6f2f-4e38-9</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Paul Rickert</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address 710 St. Martins Lane		Amount 52.00	
City Bossier City	State LA	Zip Code 71111	<b>Transaction ID : 00d5ca45-6556-4c4d-9</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	69.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date 05 / 14 / 2015

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: Paul Rickert
Mailing Address: 710 St. Martins Lane
City: Bossier City, State: LA, Zip Code: 71111
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 24.30
Transaction ID: 6f4770e3-8e8d-4741-b
Date of Disbursement or Obligation: 07/09/2014
Name of Federal Candidate: Ms. Mary L Landriau
Office Sought: Senate, State: LA
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 554635.78

Full Name of Payee: Carmen Maddrey
Mailing Address: 2043 Nottingham Ln
City: Burlington, State: NC, Zip Code: 27215
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 25.00
Transaction ID: 187b25ff-2de9-4f1c-8
Date of Disbursement or Obligation: 07/09/2014
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate, State: NC
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 1095959.94

(a) SUBTOTAL of Itemized Independent Expenditures: 49.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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: Carmen Maddrey
Mailing Address: 2043 Nottingham Ln
City: Burlington, State: NC, Zip Code: 27215
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/09/2014
Amount: 1.80
Transaction ID: 36c5d83d-4597-490a-a
Date of Disbursement or Obligation: 07/09/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

Full Name of Payee: Bradley K Kissinger
Mailing Address: 3113 Imperial Valley Dr.
City: Little Rock, State: AR, Zip Code: 72212
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/09/2014
Amount: 40.00
Transaction ID: 36866b3f-d655-4122-a
Date of Disbursement or Obligation: 07/09/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, 2014, [ ] 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 05/14/2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Bradley K Kissinger</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Mailing Address 3113 Imperial Valley Dr.		Amount 5.40	
City Little Rock	State AR	Zip Code 72212	Transaction ID : fb42db50-3651-461a-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Cassidy Quartararo</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 09 / 2014	
Mailing Address 632 Cameron Court		Amount 40.00	
City Kenner	State LA	Zip Code 70065	Transaction ID : 810fb7a8-d166-44a0-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 09 / 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 State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	45.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

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: Phillip Williams
Mailing Address: 3007 Darden Rd
City: Greensboro, State: NC, Zip Code: 27407
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/09/2014
Amount: 60.00
Transaction ID: 40732df0-730b-4e50-8
Date of Disbursement or Obligation: 07/09/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

Full Name of Payee: Phillip Williams
Mailing Address: 3007 Darden Rd
City: Greensboro, State: NC, Zip Code: 27407
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/09/2014
Amount: 15.30
Transaction ID: be0c852f-6d58-413e-a
Date of Disbursement or Obligation: 07/09/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 75.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Amelia Brackett
Mailing Address
804 Roundabout Circle
City
Searcy State
AR Zip Code
72143
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
07 / 09 / 2014
Amount
10.00
Transaction ID : 4ae3a650-181a-4786-8
Date of Disbursement or Obligation
07 / 09 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Amelia Brackett
Mailing Address
804 Roundabout Circle
City
Searcy State
AR Zip Code
72143
Purpose of Expenditure
Mileage Category/Type
002
Date of Public Distribution/Dissemination
07 / 09 / 2014
Amount
1.65
Transaction ID : 63fbd640-ad43-4863-9
Date of Disbursement or Obligation
07 / 09 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 11.65
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="margin-left: 20px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Beverly Williams</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014
Mailing Address 3007 Darden Rd	Amount 60.00
City Greensboro State NC Zip Code 27407	<b>Transaction ID : 6aeb67f3-4ccf-498f-9</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Kay Hagan <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: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Michael Vidrine</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014
Mailing Address 1103 West Wilson Street	Amount 45.00
City Ville Platte State LA Zip Code 70586	<b>Transaction ID : a08ed415-d094-4cbf-9</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <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 554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	105.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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 05 / 14 / 2015

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C C00530766</b>	
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	M M M / D D D / Y Y Y Y Y Y

Full Name of Payee <b>Michael Vidrine</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 09 / 2014</b>	
Mailing Address 1103 West Wilson Street		Amount <b>40.20</b>	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : <b>4a8d557d-f428-4d89-8</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 09 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Romondia Y Ross</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 09 / 2014</b>	
Mailing Address 3411 Asher Ave		Amount <b>50.00</b>	
City Little Rock	State AR	Zip Code 72204	Transaction ID : <b>73c01eb7-015a-4ff5-8</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 09 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>90.20</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	[Empty Box]
(c) <b>TOTAL</b> Independent Expenditures.....▶	[Empty Box]

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

*Ms. Emily Buchanan*  
Signature

[Electronically Filed]

Date **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Romondia Y Ross</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address    3411 Asher Ave		Amount 12.00	
City Little Rock	State AR	Zip Code 72204	<b>Transaction ID : 341c0e08-db2f-45a4-9</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<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: AR
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 <b>Romondia Y Ross</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014	
Mailing Address    3411 Asher Ave		Amount 50.00	
City Little Rock	State AR	Zip Code 72204	<b>Transaction ID : 99688bd9-a756-4404-b</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<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: NC
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) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	62.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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    05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Romondia Y Ross</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014
Mailing Address 3411 Asher Ave	Amount 12.00
City Little Rock      State AR      Zip Code 72204	<b>Transaction ID : 5f47e957-2152-419f-8</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Purpose of Expenditure Mileage      Category/Type 002	Name of Federal Candidate Ms. Kay Hagan <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1095959.94	Office Sought: <input type="checkbox"/> House      District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate      State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Matthew Manuel</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014
Mailing Address 1392 Lee Street	Amount 40.00
City Ville Platte      State LA      Zip Code 70586	<b>Transaction ID : 89a9174e-124c-4b33-b</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Purpose of Expenditure Salary      Category/Type 001	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 554635.78	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) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	52.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date 05 / 14 / 2015

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <b>Matthew Manuel</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014
Mailing Address 1392 Lee Street	Amount 16.50
City State Zip Code Ville Platte LA 70586	<b>Transaction ID : 0f35c2c6-9c8c-4777-a</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu	<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	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Earl Stewart</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 09 / 2014
Mailing Address 9455 Snow Camp Road	Amount 80.00
City State Zip Code Snowcamp NC 27349	<b>Transaction ID : 677a32cd-0dae-471f-a</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 09 / 2014
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Kay Hagan	<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: NC
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) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	96.50
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Earl Stewart</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 09 / 2014</b>
Mailing Address <b>9455 Snow Camp Road</b>	Amount <b>6.00</b>
City <b>Snowcamp</b> State <b>NC</b> Zip Code <b>27349</b>	Transaction ID : <b>c1c96177-f57f-4410-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 09 / 2014</b>
Purpose of Expenditure <b>Mileage</b> Category/Type <b>002</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b> <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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Ms. Tonya Boyd</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 09 / 2014</b>
Mailing Address <b>2357 Fancy Cap Rd</b>	Amount <b>70.00</b>
City <b>Mt. Airy</b> State <b>NC</b> Zip Code <b>27030</b>	Transaction ID : <b>5e8c8844-33c2-4ad8-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 09 / 2014</b>
Purpose of Expenditure <b>Salary</b> Category/Type <b>001</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b> <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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>76.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Emily Buchanan [Electronically Filed] Date **05 / 14 / 2015**  
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
Ms. Tonya Boyd
Mailing Address
2357 Fancy Cap Rd
City
Mt. Airy State
NC Zip Code
27030
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 09 / 2014
Amount
21.06
Transaction ID : 42a45248-9d77-4721-9
Date of Disbursement or Obligation
07 / 09 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

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
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 09 / 2014
Amount
60.00
Transaction ID : 62f1cb05-a328-4c07-a
Date of Disbursement or Obligation
07 / 09 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 81.06
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Nathan Smith</b> <small>Originally reported as against Kay Hagan, corrected with filing</small>		Date of Public Distribution/Dissemination <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 10 / 2014</b>	
Mailing Address 1247 W Mt Comfort Rd		Amount <span style="float:right">21.60</span>	
City Fayetteville	State AR	Zip Code 72703	<b>Transaction ID : bf0f1f6b-d978-4207-8</b> Date of Disbursement or Obligation <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 10 / 2014</b>
Purpose of Expenditure Salary	Category/ Type <span style="float:right">001</span>	Name of Federal Candidate Mr. Mark L Pryor <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="float:right">292370.62</span>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Nathan Smith</b> <small>Originally reported as against Kay Hagan, corrected with filing</small>		Date of Public Distribution/Dissemination <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 10 / 2014</b>	
Mailing Address 1247 W Mt Comfort Rd		Amount <span style="float:right">6.60</span>	
City Fayetteville	State AR	Zip Code 72703	<b>Transaction ID : f2938428-0ea1-44e7-9</b> Date of Disbursement or Obligation <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 10 / 2014</b>
Purpose of Expenditure Mileage	Category/ Type <span style="float:right">002</span>	Name of Federal Candidate Mr. Mark L Pryor <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="float:right">292370.62</span>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="float:right">28.20</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="float:right"></span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="float:right"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
**05 / 14 / 2015**

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
Amount: 35.00
Transaction ID: 81d93472-61a3-46d2-a
Date of Disbursement or Obligation: 07/08/2014
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: 554635.78

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
Amount: 4.80
Transaction ID: 90104049-56be-4c1e-a
Date of Disbursement or Obligation: 07/08/2014
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: 554635.78

(a) SUBTOTAL of Itemized Independent Expenditures: 39.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 0 2px;">C</span> 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 <b>Jeanne Tribou</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M</span> / <span style="font-size: 0.8em;">D D</span> / <span style="font-size: 0.8em;">Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07</span> / <span style="font-size: 1.2em; font-weight: bold;">09</span> / <span style="font-size: 1.2em; font-weight: bold;">2014</span> </div>						
Mailing Address    22369 Ponderosa Dr.	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">30.00</span> </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>Mandeville</td> <td>LA</td> <td>70471</td> </tr> </table>	City	State	Zip Code	Mandeville	LA	70471	<b>Transaction ID : 7fd45cf8-affc-4863-9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M</span> / <span style="font-size: 0.8em;">D D</span> / <span style="font-size: 0.8em;">Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07</span> / <span style="font-size: 1.2em; font-weight: bold;">09</span> / <span style="font-size: 1.2em; font-weight: bold;">2014</span> </div>
City	State	Zip Code					
Mandeville	LA	70471					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; 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; display: inline-block; width: 150px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">554635.78</span> </div>						
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____							

Full Name of Payee <b>Jeanne Tribou</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M</span> / <span style="font-size: 0.8em;">D D</span> / <span style="font-size: 0.8em;">Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07</span> / <span style="font-size: 1.2em; font-weight: bold;">09</span> / <span style="font-size: 1.2em; font-weight: bold;">2014</span> </div>						
Mailing Address    22369 Ponderosa Dr.	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">3.60</span> </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>Mandeville</td> <td>LA</td> <td>70471</td> </tr> </table>	City	State	Zip Code	Mandeville	LA	70471	<b>Transaction ID : 3f1b8d26-d3ef-42fa-9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M</span> / <span style="font-size: 0.8em;">D D</span> / <span style="font-size: 0.8em;">Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07</span> / <span style="font-size: 1.2em; font-weight: bold;">09</span> / <span style="font-size: 1.2em; font-weight: bold;">2014</span> </div>
City	State	Zip Code					
Mandeville	LA	70471					
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; 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; display: inline-block; width: 150px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">554635.78</span> </div>						
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____							

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">33.60</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </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  
05 / 14 / 2015

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
Joanna Kindstedt
Mailing Address
2134 Tobaccoville Rd
City
Rural Hall State
NC Zip Code
27045
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
22.50
Transaction ID : 4c2ded69-3a35-445f-8
Date of Disbursement or Obligation
07 / 10 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
James Kindstedt
Mailing Address
5510 Dogwood Dr
City
Winston Salem State
NC Zip Code
27105
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
22.50
Transaction ID : 4d1f8b8c-78de-4b6c-8
Date of Disbursement or Obligation
07 / 10 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 45.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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
James Kindstedt
Mailing Address
5510 Dogwood Dr
City
Winston Salem State
NC Zip Code
27105
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
3.03
Transaction ID : 3c28967c-f117-4100-a
Date of Disbursement or Obligation
07 / 10 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Danielle R Little
Mailing Address
459 Hwy 144 Calhoun
City
Calhoun State
LA Zip Code
71225
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
40.00
Transaction ID : ff64e6c9-593f-4737-a
Date of Disbursement or Obligation
07 / 10 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 43.03
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00530766</span> </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 <b>Danielle R Little</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 30px; height: 20px; text-align: center;">07</span> /                      <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 30px; height: 20px; text-align: center;">10</span> /                      <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 60px; height: 20px; text-align: center;">2014</span> </div>
Mailing Address    459 Hwy 144 Calhoun	Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> <span style="float: right; font-weight: bold;">10.47</span> </div>
City                                  State                                  Zip Code Calhoun                                  LA                                  71225	<b>Transaction ID : 48fce7c1-82a3-4be5-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 30px; height: 20px; text-align: center;">07</span> /                      <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 30px; height: 20px; text-align: center;">10</span> /                      <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 60px; height: 20px; text-align: center;">2014</span> </div>
Purpose of Expenditure Mileage                                  Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; width: 150px;">554635.78</span>	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Gabriella E Hansen</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 30px; height: 20px; text-align: center;">07</span> /                      <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 30px; height: 20px; text-align: center;">10</span> /                      <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 60px; height: 20px; text-align: center;">2014</span> </div>
Mailing Address    310 West Meath Drive	Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> <span style="float: right; font-weight: bold;">15.00</span> </div>
City                                  State                                  Zip Code Winterville                                  NC                                  28590	<b>Transaction ID : 74c90171-ed19-4da0-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 30px; height: 20px; text-align: center;">07</span> /                      <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 30px; height: 20px; text-align: center;">10</span> /                      <span style="font-size: 0.8em; border: 1px solid black; display: inline-block; width: 60px; height: 20px; text-align: center;">2014</span> </div>
Purpose of Expenditure Salary                                  Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Name of Federal Candidate Ms. Kay Hagan <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; width: 150px;">1095959.94</span>	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> <span style="float: right; font-weight: bold;">25.47</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; height: 20px;"> <span style="float: right;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; height: 20px;"> <span style="float: right;"> </span> </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*                                  [Electronically Filed]                  Date 05 / 14 / 2015

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> 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 <span style="margin-left: 20px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Gabriella E Hansen</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014
Mailing Address 310 West Meath Drive	Amount 4.80
City State Zip Code Winterville NC 28590	<b>Transaction ID : 28b311c4-0796-4dcb-8</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Malinda Ledford</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014
Mailing Address 44 Bell Street Ext	Amount 80.00
City State Zip Code Spruce Pine NC 28777	<b>Transaction ID : e323ee76-9acb-49e6-8</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	84.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00530766</span> </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 <b>Malinda Ledford</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 10 / 2014</span> </div>
Mailing Address <b>44 Bell Street Ext</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">37.50</span> </div>
City                                  State                                  Zip Code Spruce Pine                                  NC                                  28777	<b>Transaction ID : 01a82b8c-b411-455c-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 10 / 2014</span> </div>
Purpose of Expenditure Mileage                                  Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">002</div>	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Ms. Kay Hagan
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: center;">1095959.94</div>	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Virginia M Stevens</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 10 / 2014</span> </div>
Mailing Address <b>1691 Fork Mtn Rd</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">80.00</span> </div>
City                                  State                                  Zip Code Bakersville                                  NC                                  28705	<b>Transaction ID : 6daf06ae-c51e-44aa-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M M / D D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 10 / 2014</span> </div>
Purpose of Expenditure Salary                                  Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Ms. Kay Hagan
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: center;">1095959.94</div>	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">117.50</span> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </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*                                  [Electronically Filed]                                  Date 

M M M / D D D / Y Y Y Y Y Y  
05 / 14 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Virginia M Stevens</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 10 / 2014</b>	
Mailing Address 1691 Fork Mtn Rd		Amount <b>37.50</b>	
City <b>Bakersville</b>	State <b>NC</b>	Zip Code <b>28705</b>	Transaction ID : <b>df0e8f22-1b8f-4be9-a</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 10 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Amanda Boley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 10 / 2014</b>	
Mailing Address Split Oak Drive		Amount <b>40.00</b>	
City <b>charlotte</b>	State <b>NC</b>	Zip Code <b>28227</b>	Transaction ID : <b>065d0100-b433-4fdc-8</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 10 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>77.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
**05 / 14 / 2015**

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
07 / 10 / 2014
Amount
22.77
Transaction ID : 61966694-3ffe-4148-a
Date of Disbursement or Obligation
07 / 10 / 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
554635.78
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Myeisha M Ross
Mailing Address
3411 Asher Ave
City
Little Rock State
AR Zip Code
72209
Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
50.00
Transaction ID : f409728a-6a83-4522-9
Date of Disbursement or Obligation
07 / 10 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate
District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought
292370.62
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 72.77
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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 Susky
Mailing Address: 1117 Shadow Lane
City: Benton, State: AR, Zip Code: 72015
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/10/2014
Amount: 10.00
Transaction ID: 7957b19a-0d70-409e-a
Date of Disbursement or Obligation: 07/10/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Jennifer Susky
Mailing Address: 1117 Shadow Lane
City: Benton, State: AR, Zip Code: 72015
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/10/2014
Amount: 1.50
Transaction ID: bfbb6fc3-3a1a-4eb8-8
Date of Disbursement or Obligation: 07/10/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 11.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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
David Ford
Mailing Address
106 Hillside St
City
Spindale State
NC Zip Code
28160
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
80.00
Transaction ID : 5f6bb773-0bdf-4e99-a
Date of Disbursement or Obligation
07 / 10 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
David Ford
Mailing Address
106 Hillside St
City
Spindale State
NC Zip Code
28160
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
12.15
Transaction ID : 9c4cfe4a-a9c0-4caa-9
Date of Disbursement or Obligation
07 / 10 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 92.15
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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: Dylan Simon
Mailing Address: 111 Millrock Drive
City: Lafayette, State: LA, Zip Code: 70508
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/10/2014
Amount: 18.33
Transaction ID: eb88e369-65f3-4ac4-9
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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Dylan Simon
Mailing Address: 111 Millrock Drive
City: Lafayette, State: LA, Zip Code: 70508
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/10/2014
Amount: 5.58
Transaction ID: 85382110-82fb-4d16-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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 23.91
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
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
Ralphie Lockhart
Mailing Address
6310 Col Glenn Rd
City
Little Rock State
AR Zip Code
72204
Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
15.00
Transaction ID : f9b31ba0-473e-433e-8
Date of Disbursement or Obligation
07 / 10 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Matt Gleb
Mailing Address
3815 Robin Road
City
Ayden State
NC Zip Code
28513
Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
55.00
Transaction ID : 8404d121-b9fa-42a4-8
Date of Disbursement or Obligation
07 / 10 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 70.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature





**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Luke T Waltermire</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 10 / 2014</b>
Mailing Address 107 S Grist Mill Rd	Amount <b>13.20</b>
City Hampstead	State NC
Zip Code 28443	<b>Transaction ID : 1f74ab05-944f-4885-b</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>
Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 10 / 2014</b>	Name of Federal Candidate Ms. Kay Hagan
<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Steven Best</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 10 / 2014</b>
Mailing Address 103 Washington Ave	Amount <b>30.00</b>
City Newport	State NC
Zip Code 28570	<b>Transaction ID : bff43a00-0092-4824-9</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>
Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 10 / 2014</b>	Name of Federal Candidate Ms. Kay Hagan
<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>43.20</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Steven Best</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 103 Washington Ave		Amount 9.60	
City Newport	State NC	Zip Code 28570	<b>Transaction ID : bc60b631-83c9-4d43-b</b>
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<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: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Phillip Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014	
Mailing Address 3007 Darden Rd		Amount 60.00	
City Greensboro	State NC	Zip Code 27407	<b>Transaction ID : 0f8bfe37-aff7-4acc-a</b>
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<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: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	69.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

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
Phillip Williams
Mailing Address 3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/10/2014
Amount 14.70
Transaction ID : 0e2037d5-1359-4aa6-9
Date of Disbursement or Obligation 07/10/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Beverly Williams
Mailing Address 3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/10/2014
Amount 60.00
Transaction ID : 8c2ceaad-83c9-407a-a
Date of Disbursement or Obligation 07/10/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 74.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan

Signature

[Electronically Filed]

Date

05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Reagan Brackett</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 10 / 2014</b>	
Mailing Address 502 E Center Ave		Amount 30.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : <b>35789c65-f7c8-44cb-8</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 10 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Robin L Bennett</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 10 / 2014</b>	
Mailing Address 3505 Beaumont St Apt 13D		Amount 30.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : <b>d3d0d28b-fee9-4a6f-8</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 10 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	60.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Robin L Bennett</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 10 / 2014</b>
Mailing Address 3505 Beaumont St Apt 13D		Amount <b>35.40</b>
City Neosho	State MO	Zip Code 64850
Purpose of Expenditure Mileage		Category/Type <b>002</b>
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : f207a34a-fc8e-4ecf-8**  
Date of Disbursement or Obligation  
MM / DD / YYYY  
**07 / 10 / 2014**

Full Name of Payee <b>Francesca Blom</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 10 / 2014</b>
Mailing Address 101 Asbury Ct		Amount <b>90.00</b>
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary		Category/Type <b>001</b>
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : 42f62c92-aa0f-42b9-8**  
Date of Disbursement or Obligation  
MM / DD / YYYY  
**07 / 10 / 2014**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>125.40</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

*Ms. Emily Buchanan*      **[Electronically Filed]**      Date **05 / 14 / 2015**

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Donald Dessauer</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> <b>07 / 10 / 2014</b>
Mailing Address    1804 Auburn Ave	Amount <input type="text"/> <b>20.00</b>
City                                  State                                  Zip Code Metairie                                  LA                                  70003	
Purpose of Expenditure Salary	Category/Type <input type="text"/> <b>001</b>
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> <b>554635.78</b>	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

**Transaction ID : 120c2b76-926a-4708-a**

Full Name of Payee <b>Petrina Williams</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> <b>07 / 10 / 2014</b>
Mailing Address    3007 Darden Rd	Amount <input type="text"/> <b>80.00</b>
City                                  State                                  Zip Code Greensboro                                  NC                                  27407	
Purpose of Expenditure Salary	Category/Type <input type="text"/> <b>001</b>
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> <b>1095959.94</b>	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

**Transaction ID : 316c57f9-81d0-4bf0-9**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<input type="text"/> <b>100.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<input type="text"/>
(c) <b>TOTAL</b> 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.

Signature Ms. Emily Buchanan                                  *[Electronically Filed]*                                  Date  /  /   
**05 / 14 / 2015**

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
Petrina Williams
Mailing Address
3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure
Mileage Category/Type 002
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
9.30
Transaction ID : 1311cc9e-407c-4c64-b
Date of Disbursement or Obligation
07 / 10 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General 2014
Other (specify)

Full Name of Payee
Erika Burfield
Mailing Address
2939 Country Club Drive
City Hampstead State NC Zip Code 28443
Purpose of Expenditure
Salary Category/Type 001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
20.00
Transaction ID : cab96efd-d4d3-431c-a
Date of Disbursement or Obligation
07 / 10 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General 2014
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 29.30
(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 05 / 14 / 2015
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
Casey Stockton
Mailing Address
105 South Dale St
City State Zip Code
Spruce Pine NC 28777
Purpose of Expenditure
Mileage
Category/Type
002
Name of Federal Candidate
Ms. Kay Hagan
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
15.30
Transaction ID : 5ca5cae6-0e7f-4f4a-a
Date of Disbursement or Obligation
07 / 10 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Peter Sahuc
Mailing Address
107 Phillip Ave
City State Zip Code
Lafayette LA 70503
Purpose of Expenditure
Salary
Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
30.00
Transaction ID : cefbee4c-4eee-4442-8
Date of Disbursement or Obligation
07 / 10 / 2014
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 45.30
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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: Solveig Lysne
Mailing Address: 7121 Oyster Lane
City: Wilmington, State: NC, Zip Code: 28411
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/10/2014
Amount: 35.80
Transaction ID: 3140e106-6aa5-4996-8
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Solveig Lysne
Mailing Address: 7121 Oyster Lane
City: Wilmington, State: NC, Zip Code: 28411
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/10/2014
Amount: 5.58
Transaction ID: e22b6302-27b8-43b0-a
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 41.38
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Lisa Booth
Mailing Address: 1434 South Avenue
City: Eden, State: NC, Zip Code: 27288
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/10/2014
Amount: 95.00
Transaction ID: 922e2b32-be3b-40ef-8
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Lisa Booth
Mailing Address: 1434 South Avenue
City: Eden, State: NC, Zip Code: 27288
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/10/2014
Amount: 15.30
Transaction ID: d441dc10-0d8b-47a9-a
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 110.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature





**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Ms. Tonya Boyd</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 10 / 2014</b>	
Mailing Address 2357 Fancy Cap Rd		Amount <b>100.00</b>	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : <b>8414397e-2d05-4ea5-a</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 10 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Ms. Tonya Boyd</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 10 / 2014</b>	
Mailing Address 2357 Fancy Cap Rd		Amount <b>19.83</b>	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : <b>7ce1a11e-d281-4d17-b</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 10 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>119.83</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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: Lily 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: 07/10/2014
Amount: 70.00
Transaction ID: 4eea3efa-efb3-4ca3-b
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: General 2014

Full Name of Payee: Lily 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: 07/10/2014
Amount: 27.00
Transaction ID: 3f10f7cd-0eec-4ab5-9
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 97.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <b>Zachary Vidrine</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 10 / 2014</b>	
Mailing Address 202 Rue Des Cajun		Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	<b>Transaction ID : 270837a3-2a9f-4d06-a</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 10 / 2014</b>	
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		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Zachary Vidrine</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 10 / 2014</b>	
Mailing Address 202 Rue Des Cajun		Amount 31.20	
City Ville Platte	State LA	Zip Code 70586	<b>Transaction ID : 42177bdd-600f-4f9c-b</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 10 / 2014</b>	
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		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	81.20
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date MM / DD / YYYY **05 / 14 / 2015**

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: 07/10/2014
Amount: 14.50
Transaction ID: 3cceca6b-ba84-4b5e-a
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: General 2014

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: 07/10/2014
Amount: 0.60
Transaction ID: 6f761bcd-5ac2-4f67-9
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 15.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: 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: 07/10/2014
Amount: 47.50
Transaction ID: 72bab42f-2184-4657-a
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: General 2014

Full Name of Payee: Brian Saltzler
Mailing Address: 601 S College Road
City: Wilmington, State: NC, Zip Code: 28403
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/10/2014
Amount: 50.00
Transaction ID: feaee81d-1793-47d0-8
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 97.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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
Brian Saltzler
Mailing Address
601 S College Road
City
Wilmington State
NC Zip Code
28403
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
6.30
Transaction ID : 3bcabee2-b94b-45bb-a
Date of Disbursement or Obligation
07 / 10 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Anthony Pearson
Mailing Address
112 apache Dr
City
Search State
AR Zip Code
72149
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
50.00
Transaction ID : 324af467-c017-4bf8-b
Date of Disbursement or Obligation
07 / 10 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 56.30
(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 05 / 14 / 2015
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
Anthony Pearson
Mailing Address
112 apache Dr
City
Search State
AR Zip Code
72149
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate
Disbursement For: Primary 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
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
2014

(a) SUBTOTAL of Itemized Independent Expenditures 65.25
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
35.40
Transaction ID : 2866455b-648f-4790-8
Date of Disbursement or Obligation
07 / 10 / 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
554635.78
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Francis Richardson
Mailing Address
220 Doucet Rd
City
Lafayette State
LA Zip Code
70503
Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
25.00
Transaction ID : d6f8013f-5e34-4e96-a
Date of Disbursement or Obligation
07 / 10 / 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
554635.78
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 60.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Francis Richardson
Mailing Address
220 Doucet Rd
City
Lafayette State
LA Zip Code
70503
Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
1.95
Transaction ID : 6f994e66-bb25-405f-b
Purpose of Expenditure
Mileage Category/Type
002
Date of Disbursement or Obligation
07 / 10 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
House District: 00
Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Jeanne Tribou
Mailing Address
22369 Ponderosa Dr.
City
Mandeville State
LA Zip Code
70471
Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
40.00
Transaction ID : cfde0063-d515-43fe-b
Purpose of Expenditure
Salary Category/Type
001
Date of Disbursement or Obligation
07 / 10 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
House District: 00
Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 41.95
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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 State Zip Code
Mandeville LA 70471
Purpose of Expenditure
Mileage
Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
2014

Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
3.90
Transaction ID : a8e61fdc-8fbd-4846-9
Date of Disbursement or Obligation
07 / 10 / 2014

Full Name of Payee
Melanie Slagle
Mailing Address
77 Southridge Drive
City State Zip Code
Spruce Pine NC 28777
Purpose of Expenditure
Salary
Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
2014

Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
30.00
Transaction ID : 4a2090ee-a3b0-492c-b
Date of Disbursement or Obligation
07 / 10 / 2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 33.90
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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
Melanie Slagle
Mailing Address
77 Southridge Drive
City
Spruce Pine State
NC Zip Code
28777
Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
7.50
Transaction ID : 28958842-2a9d-4730-a
Purpose of Expenditure
Mileage Category/
Type 002
Date of Disbursement or Obligation
07 / 10 / 2014
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
District: 00
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Jeanine Holmes
Mailing Address
206 Wildwood Dr
City
Hammond State
LA Zip Code
70401
Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
20.00
Transaction ID : 47d9950c-50f6-47f3-8
Purpose of Expenditure
Salary Category/
Type 001
Date of Disbursement or Obligation
07 / 10 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
District: 00
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 27.50
(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 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Jeanine Holmes</b>		Date of Public Distribution/Dissemination 07 / 10 / 2014
Mailing Address 206 Wildwood Dr		Amount 3.00
City Hammond	State LA	Zip Code 70401
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : e447428b-b95d-4cb6-8 Date of Disbursement or Obligation 07 / 10 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: <input type="checkbox"/> House District: 00 <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) ▶
		554635.78

Full Name of Payee <b>Gosch Ellers</b>		Date of Public Distribution/Dissemination 07 / 10 / 2014
Mailing Address 377 Darlington Ave		Amount 40.00
City Wilmington	State NC	Zip Code 28403
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 2f13de98-3991-42b9-a Date of Disbursement or Obligation 07 / 10 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
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) ▶
		1095959.94

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	43.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015

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
Gosch Ellers
Mailing Address
377 Darlington Ave
City
Wilmington State
NC Zip Code
28403
Purpose of Expenditure
Mileage Category/Type
002
Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
15.00
Transaction ID : 97690769-17e2-4d17-b
Date of Disbursement or Obligation
07 / 10 / 2014
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Saige Anderson
Mailing Address
PO Box 424
City
Searcy State
AR Zip Code
72145
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
35.00
Transaction ID : 7cb46777-12d7-4a70-b
Date of Disbursement or Obligation
07 / 10 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 50.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Saige Anderson
Mailing Address: PO Box 424
City: Searcy, State: AR, Zip Code: 72145
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/10/2014
Amount: 5.04
Transaction ID: 5930fb9b-0029-4872-b
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Amelia Brackett
Mailing Address: 804 Roundabout Circle
City: Searcy, State: AR, Zip Code: 72143
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/10/2014
Amount: 30.00
Transaction ID: 1668a974-4773-442d-a
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 35.04
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Amelia Brackett</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014
Mailing Address 804 Roundabout Circle	Amount 3.09
City Searcy State AR Zip Code 72143	<b>Transaction ID : b289453b-b06f-4cd3-8</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Mr. Mark L Pryor <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: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Xavier Miller</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 10 / 2014
Mailing Address 407 randall Dr	Amount 20.00
City Searcy State AR Zip Code 72143	<b>Transaction ID : 39cb8b22-c676-4d0d-8</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Mr. Mark L Pryor <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: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	23.09
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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 05 / 14 / 2015

Signature \_\_\_\_\_

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Cassidy Quartararo</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 10 / 2014</b>
Mailing Address 632 Cameron Court		Amount <b>75.00</b>
City Kenner	State LA	Zip Code 70065
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : <b>753b1822-603c-4af2-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 10 / 2014</b>
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	<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Cassidy Quartararo</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 10 / 2014</b>
Mailing Address 632 Cameron Court		Amount <b>9.06</b>
City Kenner	State LA	Zip Code 70065
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : <b>399b26e6-a124-4c63-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 10 / 2014</b>
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	<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>84.06</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Ms. Emily Buchanan [Electronically Filed] Date **05 / 14 / 2015**

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
Ms. Ashlen Sandoz

Date of Public Distribution/Dissemination
07 / 10 / 2014

Mailing Address
204 Ranger Place

Amount
5.00
Transaction ID : 5221ae55-2d3c-4a8a-8

City State Zip Code
Slidell LA 70115

Date of Disbursement or Obligation
07 / 10 / 2014

Purpose of Expenditure Category/Type
Salary 001

Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose

Office Sought: House District: 00
Senate State: LA

Calendar Year-To-Date Per Election for Office Sought
554635.78

Disbursement For: Primary General 2014
Other (specify)

Full Name of Payee
Chris McCoy

Date of Public Distribution/Dissemination
07 / 10 / 2014

Mailing Address
1025 Cayley Ct

Amount
60.00
Transaction ID : 9f371326-bf6d-4087-a

City State Zip Code
High Point NC 27260

Date of Disbursement or Obligation
07 / 10 / 2014

Purpose of Expenditure Category/Type
Salary 001

Name of Federal Candidate
Ms. Kay Hagan
Support Oppose

Office Sought: House District: 00
Senate State: NC

Calendar Year-To-Date Per Election for Office Sought
1095959.94

Disbursement For: Primary General 2014
Other (specify)

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures 65.00. Row (b) SUBTOTAL of Unitemized Independent Expenditures. Row (c) TOTAL Independent Expenditures.

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

Signature Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Chris McCoy</b>	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 10 / 2014</b>
Mailing Address 1025 Cayley Ct	Amount <b>11.10</b>
City High Point State NC Zip Code 27260	<b>Transaction ID : e78aa063-173b-433e-b</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 10 / 2014</b>
Purpose of Expenditure Mileage Category/Type <b>002</b>	Name of Federal Candidate Ms. Kay Hagan <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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Danielle McCoy</b>	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 10 / 2014</b>
Mailing Address 1025 Cayley Ct	Amount <b>85.00</b>
City High Point State NC Zip Code 27260	<b>Transaction ID : 5944fbf9-3720-4c6e-a</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 10 / 2014</b>
Purpose of Expenditure Salary Category/Type <b>001</b>	Name of Federal Candidate Ms. Kay Hagan <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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>96.10</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan* [Electronically Filed] Date **05 / 14 / 2015**

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: Danielle McCoy
Mailing Address: 1025 Cayley Ct
City: High Point, State: NC, Zip Code: 27260
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 14.70
Transaction ID: a023dcb9-e4a7-4cb5-a
Date of Disbursement or Obligation: 07/10/2014
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate, State: NC
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 1095959.94

Full Name of Payee: Eric Wilson
Mailing Address: 907 Randall Drive
City: Searcy, State: AR, Zip Code: 72149
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 25.00
Transaction ID: 06f91864-428b-416f-a
Date of Disbursement or Obligation: 07/10/2014
Name of Federal Candidate: Mr. Mark L Pryor
Office Sought: Senate, State: AR
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 292370.62

(a) SUBTOTAL of Itemized Independent Expenditures: 39.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>James Antonetz</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 10 / 2014</b>
Mailing Address 11127 Gila Valley Dr	Amount <b>5.00</b>
City Little Rock	State AR
Zip Code 72212	<b>Transaction ID : 113d4798-6ecc-46cb-8</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 10 / 2014</b>
Category/Type <b>001</b>	Name of Federal Candidate Mr. Mark L Pryor
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<b>292370.62</b>	2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>James Antonetz</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 10 / 2014</b>
Mailing Address 11127 Gila Valley Dr	Amount <b>0.60</b>
City Little Rock	State AR
Zip Code 72212	<b>Transaction ID : 55b72996-90bf-402b-9</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 10 / 2014</b>
Category/Type <b>002</b>	Name of Federal Candidate Mr. Mark L Pryor
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<b>292370.62</b>	2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>5.60</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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
Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
90.00
Transaction ID : 033b4f67-5fee-459e-b
Date of Disbursement or Obligation
07 / 10 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Office Sought:
House Senate
District: 00 State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Jeffrey Hampton
Mailing Address
1700 E Part Ave
City
Searcy State
AR Zip Code
72149
Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
35.00
Transaction ID : 7c35b26a-5362-488a-b
Date of Disbursement or Obligation
07 / 10 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Office Sought:
House Senate
District: 00 State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 125.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Charity Zerbel
Mailing Address: 804 Mary Ave
City: Neosho, State: MO, Zip Code: 64850
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 12.60
Transaction ID: a390cd46-0920-48b8-8
Date of Disbursement or Obligation: 07/10/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support/Oppose
Office Sought: Senate, State: AR
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 292370.62

Full Name of Payee: Sherri Zerbel
Mailing Address: 804 Mary Ave
City: Neasho, State: MO, Zip Code: 64850
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 42.50
Transaction ID: 5bc06786-a6c6-4a3f-9
Date of Disbursement or Obligation: 07/10/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support/Oppose
Office Sought: Senate, State: AR
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 292370.62

(a) SUBTOTAL of Itemized Independent Expenditures: 55.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Ms. Emily Buchanan
Date: 05/14/2015
[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 Sherri Zerbel
Mailing Address 804 Mary Ave
City Neasho State MO Zip Code 64850
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/10/2014
Amount 28.80
Transaction ID : 006f980f-e60d-4c64-b
Date of Disbursement or Obligation 07/10/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Matthew Manuel
Mailing Address 1392 Lee Street
City Ville Platte State LA Zip Code 70586
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/10/2014
Amount 40.00
Transaction ID : 15a6b8f7-14fc-4eba-a
Date of Disbursement or Obligation 07/10/2014
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 554635.78
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 68.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Matthew Manuel
Mailing Address
1392 Lee Street
City
Ville Platte State
LA Zip Code
70586
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu
Support
Oppose

Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
15.90
Transaction ID : 815715db-7056-4111-9
Date of Disbursement or Obligation
07 / 10 / 2014
Office Sought:
House District: 00
President Senate State: LA
Disbursement For:
Primary General
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

Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
50.00
Transaction ID : 03efad79-c07e-4097-a
Date of Disbursement or Obligation
07 / 10 / 2014
Office Sought:
House District: 00
President Senate State: LA
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 65.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name of Payee <b>Michael Vidrine</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <b>07 / 10 / 2014</b>
Mailing Address 1103 West Wilson Street	Amount <span style="border: 1px solid black; padding: 2px;">27.90</span>
City State Zip Code Ville Platte LA 70586	<b>Transaction ID : f4499aed-9a1d-41c8-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <b>07 / 10 / 2014</b>
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
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	<span style="border: 1px solid black; padding: 2px;">554635.78</span> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Amiracle R Ross</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <b>07 / 10 / 2014</b>
Mailing Address 3411 Asher Ave	Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>
City State Zip Code Little Rock AR 72204	<b>Transaction ID : 254312d7-6ce1-480c-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <b>07 / 10 / 2014</b>
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought	<span style="border: 1px solid black; padding: 2px;">292370.62</span> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">77.90</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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
Amiracle R Ross
Mailing Address
3411 Asher Ave
City
Little Rock State
AR Zip Code
72204
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
12.00
Transaction ID : 78ec4ba7-6181-4239-8
Date of Disbursement or Obligation
07 / 10 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Darius Beverly
Mailing Address
157 Bishop Drive
City
Avondale State
LA Zip Code
70094
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
45.00
Transaction ID : 00d86b3c-e68a-4045-a
Date of Disbursement or Obligation
07 / 10 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 57.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>	
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 <b>Ms. Dinah Beverly</b>			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 10 / 2014</b>		
Mailing Address <b>157 Bishop Drive</b>			Amount <b>45.00</b>		
City <b>Avondale</b>	State <b>LA</b>	Zip Code <b>70064</b>	<b>Transaction ID : bcf58e8b-4d72-4724-b</b>		
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 10 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u>		
			<input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Ms. Dinah Beverly</b>			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 10 / 2014</b>		
Mailing Address <b>157 Bishop Drive</b>			Amount <b>5.10</b>		
City <b>Avondale</b>	State <b>LA</b>	Zip Code <b>70064</b>	<b>Transaction ID : 3a1770ae-d8d7-490e-a</b>		
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 10 / 2014</b>		
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>			Office Sought: <input type="checkbox"/> House District: <u>00</u>		
			<input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>50.10</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	
<b>(c) TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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: Joel Greco
Mailing Address: 318 Gaskins Lane
City: Wilmington, State: NC, Zip Code: 28411
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/09/2014
Amount: 30.00
Transaction ID: 8e9a92f8-b3ee-4a77-9
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Belinda Blake
Mailing Address: 7214 Duchamp Dr.
City: Char, State: NC, Zip Code: 28215
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/11/2014
Amount: 10.00
Transaction ID: d7e0c6f9-e102-4e05-8
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] 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: 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Belinda Blake</b>		Date of Public Distribution/Dissemination 07 / 11 / 2014	
Mailing Address 7214 Duchamp Dr.		Amount 3.00	
City Char	State NC	Zip Code 28215	Transaction ID : 976a7f1a-d873-45fd-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation 07 / 11 / 2014
Name of Federal Candidate Ms. Kay Hagan		<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: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Casey Stockton</b>		Date of Public Distribution/Dissemination 07 / 11 / 2014	
Mailing Address 105 South Dale St		Amount 25.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : c4b68367-80af-4d95-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 07 / 11 / 2014
Name of Federal Candidate Ms. Kay Hagan		<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: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	28.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

*Ms. Emily Buchanan*  
Signature

[Electronically Filed] Date 05 / 14 / 2015

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
Casey Stockton
Mailing Address
105 South Dale St
City
Spruce Pine State
NC Zip Code
28777
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 11 / 2014
Amount
9.60
Transaction ID : dc4c0851-f37d-427d-8
Date of Disbursement or Obligation
07 / 11 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Mary Johnson
Mailing Address
105 South Dale St
City
Spruce Pine State
NC Zip Code
28777
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 11 / 2014
Amount
25.00
Transaction ID : a443297b-5ebe-47f3-9
Date of Disbursement or Obligation
07 / 11 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 34.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00530766</span> </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 <b>Ralphie Lockhart</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 11 / 2014</span> </div>
Mailing Address    6310 Col Glenn Rd	Amount <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold;">40.00</span> </div>
City    State    Zip Code Little Rock    AR    72204	<b>Transaction ID : faee3488-927e-4a76-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 11 / 2014</span> </div>
Purpose of Expenditure Salary    Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Name of Federal Candidate <input type="checkbox"/> Support                          Office Sought: <input type="checkbox"/> House    District: <u>00</u> Mr. Mark L Pryor <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Ralphie Lockhart</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 11 / 2014</span> </div>
Mailing Address    6310 Col Glenn Rd	Amount <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold;">6.60</span> </div>
City    State    Zip Code Little Rock    AR    72204	<b>Transaction ID : 745291fd-5e06-473f-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 11 / 2014</span> </div>
Purpose of Expenditure Mileage    Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Name of Federal Candidate <input type="checkbox"/> Support                          Office Sought: <input type="checkbox"/> House    District: <u>00</u> Mr. Mark L Pryor <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">46.60</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"> <span style="font-size: 1.2em; font-weight: bold;">0.00</span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"> <span style="font-size: 1.2em; font-weight: bold;">46.60</span> </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*    **[Electronically Filed]**                          Date 05 / 14 / 2015

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: James Kindstedt
Mailing Address: 5510 Dogwood Dr
City: Winston Salem, State: NC, Zip Code: 27105
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/11/2014
Amount: 25.00
Transaction ID: 1be842fc-cc0e-4af3-a
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: General 2014

Full Name of Payee: James Kindstedt
Mailing Address: 5510 Dogwood Dr
City: Winston Salem, State: NC, Zip Code: 27105
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/11/2014
Amount: 3.21
Transaction ID: 952da63d-9415-47a6-a
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 28.21
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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: Joanna Kindstedt
Mailing Address: 2134 Tobaccoville Rd
City: Rural Hall, State: NC, Zip Code: 27045
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/11/2014
Amount: 25.00
Transaction ID: 3e136419-462c-4f8d-a
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Gabriella E Hansen
Mailing Address: 310 West Meath Drive
City: Winterville, State: NC, Zip Code: 28590
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/11/2014
Amount: 20.00
Transaction ID: 316cbf21-d93f-47fb-a
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 45.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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 Gabriella E Hansen
Mailing Address 310 West Meath Drive
City Winterville State NC Zip Code 28590
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/11/2014
Amount 6.30
Transaction ID : 73c04828-e70d-4140-b
Date of Disbursement or Obligation 07/11/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Virginia M Stevens
Mailing Address 1691 Fork Mtn Rd
City Bakersville State NC Zip Code 28705
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/11/2014
Amount 50.00
Transaction ID : 05f6cf5c-9a12-491c-8
Date of Disbursement or Obligation 07/11/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 56.30
(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 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Virginia M Stevens</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 11 / 2014</b>	
Mailing Address 1691 Fork Mtn Rd		Amount <b>32.10</b>	
City <b>Bakersville</b>	State <b>NC</b>	Zip Code <b>28705</b>	Transaction ID : <b>ccfb0e0e-6d68-40b4-a</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 11 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Steven Jean</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 11 / 2014</b>	
Mailing Address 2012 Harrison Ave		Amount <b>85.00</b>	
City <b>Winston Salem</b>	State <b>NC</b>	Zip Code <b>27105</b>	Transaction ID : <b>685563a1-6c56-4b75-8</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 11 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>117.10</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Ms. Emily Buchanan [Electronically Filed] Date **05 / 14 / 2015**  
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Steven Jean</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 11 / 2014</b>	
Mailing Address 2012 Harrison Ave		Amount <b>18.00</b>	
City Winston Salem	State NC	Zip Code 27105	<b>Transaction ID : aeda2511-dfde-45f6-a</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 11 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lorri Anderson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 11 / 2014</b>	
Mailing Address 7214 Duchamp Dr		Amount <b>30.00</b>	
City Charlotte	State NC	Zip Code 23215	<b>Transaction ID : b1d5a108-18f2-46a7-a</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 11 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>48.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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
Lorri Anderson
Mailing Address
7214 Duchamp Dr
City
Charlotte State
NC Zip Code
23215
Date of Public Distribution/Dissemination
07 / 11 / 2014
Amount
4.80
Transaction ID : fc0bf1dc-b4e9-40c8-a
Date of Disbursement or Obligation
07 / 11 / 2014
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose Office Sought:
House District: 00
President Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Malinda Ledford
Mailing Address
44 Bell Street Ext
City
Spruce Pine State
NC Zip Code
28777
Date of Public Distribution/Dissemination
07 / 11 / 2014
Amount
50.00
Transaction ID : e896e1cd-d7bd-4474-b
Date of Disbursement or Obligation
07 / 11 / 2014
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose Office Sought:
House District: 00
President Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 54.80
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Malinda Ledford</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 11 / 2014</b>
Mailing Address 44 Bell Street Ext	Amount <b>32.10</b>
City Spruce Pine	State NC
Zip Code 28777	<b>Transaction ID : 6795b8ec-81e3-41b5-b</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 11 / 2014</b>
Category/Type <b>002</b>	Name of Federal Candidate Ms. Kay Hagan
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Lisa Booth</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 11 / 2014</b>
Mailing Address 1434 South Avenue	Amount <b>80.00</b>
City Eden	State NC
Zip Code 27288	<b>Transaction ID : d609176d-120e-4501-b</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 11 / 2014</b>
Category/Type <b>001</b>	Name of Federal Candidate Ms. Kay Hagan
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>112.10</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Lisa Booth</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1434 South Avenue		Amount <input type="text"/>	
City Eden	State NC	Zip Code 27288	Transaction ID : 86b440b1-14e9-4062-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/>	Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jennie Butler</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1676 Shady Creek Rd		Amount <input type="text"/>	
City Ayden	State NC	Zip Code 28513	Transaction ID : 4f9314fb-7a88-4465-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/>	Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

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

Signature Ms. Emily Buchanan [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 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Jennie Butler
Mailing Address: 1676 Shady Creek Rd
City: Ayden, State: NC, Zip Code: 28513
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/11/2014
Amount: 8.25
Transaction ID: db435fff-28b6-420f-9
Date of Disbursement or Obligation: 07/11/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Steven Best
Mailing Address: 103 Washington Ave
City: Newport, State: NC, Zip Code: 28570
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/11/2014
Amount: 24.70
Transaction ID: ec67a427-543e-4482-9
Date of Disbursement or Obligation: 07/11/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 32.95
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Steven Best</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 11 / 2014</b>
Mailing Address 103 Washington Ave		Amount <b>4.14</b>
City Newport	State NC	Zip Code 28570
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Transaction ID : <b>e3259677-0ae8-4f5b-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 11 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Theresa Burkhart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 11 / 2014</b>
Mailing Address 3126 Chester Ct		Amount <b>50.00</b>
City Metairie	State LA	Zip Code 70006
Purpose of Expenditure Salary	Category/Type <b>001</b>	Transaction ID : <b>d42bbdb5-f52e-45d3-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 11 / 2014</b>
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>54.14</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Ms. Emily Buchanan [Electronically Filed] Date **05 / 14 / 2015**

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: Andrea L Hammond
Mailing Address: 12920 Kneeland Ln
City: Neosho, State: MO, Zip Code: 64850
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/11/2014
Amount: 40.00
Transaction ID: 2ab6da65-053c-4637-a
Date of Disbursement or Obligation: 07/11/2014
Name of Federal Candidate: Mr. Mark L Pryor, Office Sought: Senate, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: General 2014

Full Name of Payee: Andrea L Hammond
Mailing Address: 12920 Kneeland Ln
City: Neosho, State: MO, Zip Code: 64850
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/11/2014
Amount: 40.50
Transaction ID: c5948575-38f5-46c2-b
Date of Disbursement or Obligation: 07/11/2014
Name of Federal Candidate: Mr. Mark L Pryor, Office Sought: Senate, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: General 2014

(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.
Signature: Ms. Emily Buchanan [Electronically Filed]
Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Emily Butler</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1676 Shady Creek Rd		Amount <input type="text"/>
City Ayden	State NC	Zip Code 28513
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : <b>b1ac23d0-a416-41e0-b</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
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) ▶
		<input type="text"/> 1095959.94

Full Name of Payee <b>Ky Broussard</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 301 N Cedar Street		Amount <input type="text"/>
City Abbeville	State LA	Zip Code 70510
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : <b>d47c00bc-093b-4c4c-a</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
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	<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
		<input type="text"/> 554635.78

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<input type="text"/>	53.30
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<input type="text"/>	
(c) <b>TOTAL</b> 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 [Electronically Filed] Date  /  /

Signature  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 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Ky Broussard
Mailing Address
301 N Cedar Street
City
Abbeville State
LA Zip Code
70510
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 11 / 2014
Amount
13.50
Transaction ID : d8950614-5437-493d-8
Date of Disbursement or Obligation
07 / 11 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Morgan R Padgett
Mailing Address
2164 Kay Rd
City
Greenville State
NC Zip Code
27858
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 11 / 2014
Amount
20.00
Transaction ID : f1963e0b-0e30-42da-b
Date of Disbursement or Obligation
07 / 11 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 33.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>David Ford</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 11 / 2014</b>
Mailing Address 106 Hillside St	Amount <b>37.50</b>
City State Zip Code Spindale NC 28160	<b>Transaction ID : d4852bb7-f20a-4d38-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 11 / 2014</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>David Ford</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 11 / 2014</b>
Mailing Address 106 Hillside St	Amount <b>7.80</b>
City State Zip Code Spindale NC 28160	<b>Transaction ID : f9aa619e-a908-426e-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 11 / 2014</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>45.30</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      **[Electronically Filed]**      Date **05 / 14 / 2015**

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="margin-left: 20px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Francesca Blom</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 11 / 2014</b>
Mailing Address 101 Asbury Ct	Amount <b>60.00</b>
City State Zip Code Winchester VA 22602	
Purpose of Expenditure Salary	Category/Type <b>001</b>
Name of Federal Candidate Ms. Kay Hagan	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 11 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</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) ▶
	<b>1095959.94</b>

**Transaction ID : 98eea7ca-ef39-4212-a**

Full Name of Payee <b>Amanda Boley</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 11 / 2014</b>
Mailing Address Split Oak Drive	Amount <b>60.00</b>
City State Zip Code charlotte NC 28227	
Purpose of Expenditure Salary	Category/Type <b>001</b>
Name of Federal Candidate Ms. Mary L Landrieu	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 11 / 2014</b>
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	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
	<b>554635.78</b>

**Transaction ID : 4297d07e-7bb5-4546-b**

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>120.00</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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
07 / 11 / 2014
Amount
28.59
Transaction ID : 07b2b851-6abc-4f06-8
Date of Disbursement or Obligation
07 / 11 / 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
Cassidy Quartararo
Mailing Address
632 Cameron Court
City
Kenner State
LA Zip Code
70065
Purpose of Expenditure
Salary Category/
Type 001

Date of Public Distribution/Dissemination
07 / 11 / 2014
Amount
50.00
Transaction ID : 147c4e10-1ae3-4a14-8
Date of Disbursement or Obligation
07 / 11 / 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 78.59
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Cassidy Quartararo</b>		Date of Public Distribution/Dissemination 07 / 11 / 2014	
Mailing Address 632 Cameron Court		Amount 8.67	
City Kenner	State LA	Zip Code 70065	Transaction ID : 98407bdf-5245-409d-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation 07 / 11 / 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 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Robin L Bennett</b>		Date of Public Distribution/Dissemination 07 / 11 / 2014	
Mailing Address 3505 Beaumont St Apt 13D		Amount 40.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : eb6fcf4a-e0ba-4fb0-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation 07 / 11 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<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: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	48.67
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

*Ms. Emily Buchanan*  
Signature

[Electronically Filed]

Date 05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold;">C</span> 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 <b>Phillip Williams</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      07 / 11 / 2014                 </div>
Mailing Address    3007 Darden Rd	Amount <div style="border: 1px solid black; padding: 2px;">                     52.50                 </div>
City    State    Zip Code Greensboro    NC    27407	<b>Transaction ID : 9a842cec-c3b8-4374-9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      07 / 11 / 2014                 </div>
Purpose of Expenditure Salary    Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Ms. Kay Hagan <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">                     1095959.94                 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Phillip Williams</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      07 / 11 / 2014                 </div>
Mailing Address    3007 Darden Rd	Amount <div style="border: 1px solid black; padding: 2px;">                     10.50                 </div>
City    State    Zip Code Greensboro    NC    27407	<b>Transaction ID : 4a52fb0a-6f8e-4a56-9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      07 / 11 / 2014                 </div>
Purpose of Expenditure Mileage    Category/Type <div style="border: 1px solid black; padding: 2px;">002</div>	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Ms. Kay Hagan <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">                     1095959.94                 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">                 63.00             </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;">                 0.00             </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">                 63.00             </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    *[Electronically Filed]*    Date 

05 / 14 / 2015

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

Full Name of Payee  
Beverly Williams

Mailing Address  
3007 Darden Rd

City Greensboro State NC Zip Code 27407

Purpose of Expenditure  
Salary

Category/Type  
001

Name of Federal Candidate  
Ms. Kay Hagan

Support  Oppose

Office Sought: House  Senate  District: 00 State: NC

Calendar Year-To-Date Per Election for Office Sought  
1095959.94

Date of Public Distribution/Dissemination  
07 / 11 / 2014

Amount  
52.50

Transaction ID : a45672a0-d7f8-4c62-9

Date of Disbursement or Obligation  
07 / 11 / 2014

Disbursement For: Primary  General  2014

Full Name of Payee  
Sarah Biviano

Mailing Address  
603 Greenwood Dr

City Searcy State AR Zip Code 72143

Purpose of Expenditure  
Salary

Category/Type  
001

Name of Federal Candidate  
Mr. Mark L Pryor

Support  Oppose

Office Sought: House  Senate  District: 00 State: AR

Calendar Year-To-Date Per Election for Office Sought  
292370.62

Date of Public Distribution/Dissemination  
07 / 11 / 2014

Amount  
20.00

Transaction ID : c1c0aa45-58bb-4a32-a

Date of Disbursement or Obligation  
07 / 11 / 2014

Disbursement For: Primary  General  2014

(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  
Signature

[Electronically Filed]

Date 05 / 14 / 2015

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 Sarah Biviano
Mailing Address 603 Greenwood Dr
City Searcy State AR Zip Code 72143
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/11/2014
Amount 3.90
Transaction ID : 19f3a3b6-77ac-460f-8
Date of Disbursement or Obligation 07/11/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Ms. Tonya Boyd
Mailing Address 2357 Fancy Cap Rd
City Mt. Airy State NC Zip Code 27030
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/11/2014
Amount 55.00
Transaction ID : bfec37c9-36d0-4e72-b
Date of Disbursement or Obligation 07/11/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 58.90
(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 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ 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 <b>Ms. Tonya Boyd</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 07 / 11 / 2014
Mailing Address 2357 Fancy Cap Rd	Amount <input type="text"/> 13.32
City State Zip Code Mt. Airy NC 27030	Transaction ID : cc073dba-9c6c-4715-8 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> 07 / 11 / 2014
Purpose of Expenditure Mileage	Category/Type <input type="text"/> 002
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Peter Sahuc</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> 07 / 11 / 2014
Mailing Address 107 Phillip Ave	Amount <input type="text"/> 20.00
City State Zip Code Lafayette LA 70503	Transaction ID : b00a0084-e51c-48c8-b Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> 07 / 11 / 2014
Purpose of Expenditure Salary	Category/Type <input type="text"/> 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 <input type="text"/> 554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<input type="text"/> 33.32
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<input type="text"/>
(c) <b>TOTAL</b> 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  /  /   
 05 / 14 / 2015

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Peter Sahuc</b>		Date of Public Distribution/Dissemination 07 / 11 / 2014	
Mailing Address 107 Phillip Ave		Amount 2.61	
City Lafayette	State LA	Zip Code 70503	<b>Transaction ID : fc788535-eea4-4382-9</b>
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation 07 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify)	

Full Name of Payee <b>Jeffrey Hampton</b>		Date of Public Distribution/Dissemination 07 / 11 / 2014	
Mailing Address 1700 E Part Ave		Amount 35.00	
City Searcy	State AR	Zip Code 72149	<b>Transaction ID : 5708d83c-afe0-4f3b-b</b>
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation 07 / 11 / 2014	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify)	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	37.61
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 05 / 14 / 2015

[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
Jeffrey Hampton
Mailing Address
1700 E Part Ave
City
Searcy State
AR Zip Code
72149
Date of Public Distribution/Dissemination
07 / 11 / 2014
Amount
7.74
Transaction ID : 3d8a4978-6dea-4d2e-8
Date of Disbursement or Obligation
07 / 11 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought
292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Marilyn Riley
Mailing Address
338 Wayne Drive
City
Shreveport State
LA Zip Code
71105
Date of Public Distribution/Dissemination
07 / 11 / 2014
Amount
20.00
Transaction ID : 2682a587-4dff-4f0c-a
Date of Disbursement or Obligation
07 / 11 / 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
554635.78
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures ..... 27.74
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Tarrin Lesaicherre</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 11 / 2014</b>	
Mailing Address 629 Radiance Ave		Amount 70.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : <b>d646cf33-99ca-4c57-a</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 11 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Tarrin Lesaicherre</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 11 / 2014</b>	
Mailing Address 629 Radiance Ave		Amount 5.10	
City Metairie	State LA	Zip Code 70001	Transaction ID : <b>04ffe7f8-310c-4dd4-b</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 11 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	75.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date **05 / 14 / 2015**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold;">C</span> C00530766                 </div>
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Check if  24-hour report  48-hour report  New report  Amends report filed on MM / DD / YYYY

Full Name of Payee <b>Evelyn Lesaicherre</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 629 Radiance Ave		Amount <div style="border: 1px solid black; padding: 2px; width: 100%;">                     70.00                 </div>	
City Metairie	State LA	Zip Code 70001	Transaction ID : <b>d6996ade-d9eb-4359-8</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid black; padding: 2px; width: 30px;">001</div>		
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> <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%;">                     554635.78                 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Evelyn Lesaicherre</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address 629 Radiance Ave		Amount <div style="border: 1px solid black; padding: 2px; width: 100%;">                     5.10                 </div>	
City Metairie	State LA	Zip Code 70001	Transaction ID : <b>c880f42e-d9c4-438e-b</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
Purpose of Expenditure Mileage	Category/ Type <div style="border: 1px solid black; padding: 2px; width: 30px;">002</div>		
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> <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%;">                     554635.78                 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">75.10</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 0.8em;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 0.8em;"> </span> </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*

[Electronically Filed]      Date MM / DD / YYYY  
05 / 14 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Petrina Williams</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014
Mailing Address 3007 Darden Rd	Amount 60.00 <b>Transaction ID : ede42623-1dd1-43bd-a</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
City Greensboro      State NC      Zip Code 27407	
Purpose of Expenditure Salary      Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan <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: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Petrina Williams</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014
Mailing Address 3007 Darden Rd	Amount 9.30 <b>Transaction ID : 3bdfa38e-2f2b-4718-9</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014
City Greensboro      State NC      Zip Code 27407	
Purpose of Expenditure Mileage      Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan <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: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	69.30
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Ms. Emily Buchanan      [Electronically Filed]      Date 05 / 14 / 2015  
Signature

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Reagan Brackett</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 11 / 2014</b>
Mailing Address 502 E Center Ave		Amount 40.00
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 11 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Reagan Brackett</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 11 / 2014</b>
Mailing Address 502 E Center Ave		Amount 11.10
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 11 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	51.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

[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
Elizabeth Hanks
Mailing Address 891 W. Melmar
City Fayetteville State AR Zip Code 72703
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07 / 11 / 2014
Amount 30.00
Transaction ID : f3b8e07f-7bce-4a78-b
Date of Disbursement or Obligation 07 / 11 / 2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Elizabeth Hanks
Mailing Address 891 W. Melmar
City Fayetteville State AR Zip Code 72703
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07 / 11 / 2014
Amount 3.00
Transaction ID : 57109e18-8929-495d-9
Date of Disbursement or Obligation 07 / 11 / 2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 33.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
Signature

[Electronically Filed]

Date 05 / 14 / 2015

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: 07/11/2014
Amount: 40.00
Transaction ID: 0664cf1c-6be8-4f75-8
Date of Disbursement or Obligation: 07/11/2014
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: 554635.78
Disbursement For: [ ] Primary, [X] 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: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/11/2014
Amount: 35.70
Transaction ID: e7f5e015-bd05-48f7-9
Date of Disbursement or Obligation: 07/11/2014
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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 75.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Jonathan Odette</b>	Date of Public Distribution/Dissemination <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 11 / 2014</b>
Mailing Address 9600 Earpsboro Chamblee Road	Amount <span style="float:right">50.00</span>
City State Zip Code Wendell NC 27591	<b>Transaction ID : 06c2dbf4-45fe-4ac0-b</b> Date of Disbursement or Obligation <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 11 / 2014</b>
Purpose of Expenditure Salary	Category/Type <span style="float:right">001</span>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="float:right">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jonathan Odette</b>	Date of Public Distribution/Dissemination <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 11 / 2014</b>
Mailing Address 9600 Earpsboro Chamblee Road	Amount <span style="float:right">9.60</span>
City State Zip Code Wendell NC 27591	<b>Transaction ID : 196f60d6-b962-4d15-9</b> Date of Disbursement or Obligation <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 11 / 2014</b>
Purpose of Expenditure Mileage	Category/Type <span style="float:right">002</span>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="float:right">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="float:right">59.60</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="float:right"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="float:right"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Paul Rickert</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 11 / 2014</b>
Mailing Address 710 St. Martins Lane	Amount <b>55.00</b>
City Bossier City	State LA
Zip Code 71111	Transaction ID : <b>4031eeb1-207c-4db5-a</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 11 / 2014</b>
Category/Type <b>001</b>	
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 <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Paul Rickert</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 11 / 2014</b>
Mailing Address 710 St. Martins Lane	Amount <b>17.70</b>
City Bossier City	State LA
Zip Code 71111	Transaction ID : <b>3b059f85-65c9-457c-9</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 11 / 2014</b>
Category/Type <b>002</b>	
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 <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>72.70</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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: James Antonetz
Mailing Address: 11127 Gila Valley Dr
City: Little Rock, State: AR, Zip Code: 72212
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/11/2014
Amount: 40.00
Transaction ID: cfbfcba-b63b-4b42-9
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: James Antonetz
Mailing Address: 11127 Gila Valley Dr
City: Little Rock, State: AR, Zip Code: 72212
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/11/2014
Amount: 6.30
Transaction ID: 2424f573-f4a9-4c9d-a
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 46.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Benjamin Hernandez</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 11 / 2014
Mailing Address 915 E Market Ave	Amount <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 43.00
City State Zip Code Searcy AR 72149	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 001
Name of Federal Candidate Mr. Mark L Pryor	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Benjamin Hernandez</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 11 / 2014
Mailing Address 915 E Market Ave	Amount <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 3.00
City State Zip Code Searcy AR 72149	
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 002
Name of Federal Candidate Mr. Mark L Pryor	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 46.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

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
Anthony Pearson
Mailing Address
112 apache Dr
City
Search State
AR Zip Code
72149
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
07 / 11 / 2014
Amount
45.00
Transaction ID : 99e88e33-06f3-49b3-b
Date of Disbursement or Obligation
07 / 11 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought
292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Anthony Pearson
Mailing Address
112 apache Dr
City
Search State
AR Zip Code
72149
Purpose of Expenditure
Mileage Category/Type
002
Date of Public Distribution/Dissemination
07 / 11 / 2014
Amount
3.00
Transaction ID : 3aece78e-4b7b-4b5a-b
Date of Disbursement or Obligation
07 / 11 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought
292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 48.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Solveig Lysne
Mailing Address: 7121 Oyster Lane
City: Wilmington, State: NC, Zip Code: 28411
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/11/2014
Amount: 25.20
Transaction ID: 16acbd0a-bd83-4aad-8
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate
Disbursement For: General

Full Name of Payee: Solveig Lysne
Mailing Address: 7121 Oyster Lane
City: Wilmington, State: NC, Zip Code: 28411
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/11/2014
Amount: 3.90
Transaction ID: c72916a2-177d-4c64-b
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 29.10
(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 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00530766
---	--	---

Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name of Payee <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 6412 Osage Dr		Amount <input type="text"/>	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 3763e2a8-5b19-4302-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 6412 Osage Dr		Amount <input type="text"/>	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 9afa8323-d3ea-429f-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <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.

Signature Ms. Emily Buchanan [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 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Cory Bryson
Mailing Address: 216 Dogwood Ln
City: Belmont, State: NC, Zip Code: 28012
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/11/2014
Amount: 65.00
Transaction ID: 534a141a-4f6c-40e0-a
Date of Disbursement or Obligation: 07/11/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Cory Bryson
Mailing Address: 216 Dogwood Ln
City: Belmont, State: NC, Zip Code: 28012
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/11/2014
Amount: 21.00
Transaction ID: 576d48e8-85a6-429f-b
Date of Disbursement or Obligation: 07/11/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 86.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 0 2px;">C</span> 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 <b>John Voholetz</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 11 / 2014</b>	
Mailing Address <b>718 N MacMillan Avenue</b>		Amount <b>52.50</b>	
City <b>Wilmington</b>	State <b>NC</b>	Zip Code <b>28803</b>	Transaction ID : <b>4327ca89-5840-4715-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 11 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<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 <input checked="" type="checkbox"/> Senate    State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>John Voholetz</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 11 / 2014</b>	
Mailing Address <b>718 N MacMillan Avenue</b>		Amount <b>6.00</b>	
City <b>Wilmington</b>	State <b>NC</b>	Zip Code <b>28803</b>	Transaction ID : <b>15f8984f-b4ed-4b3f-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 11 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<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 <input checked="" type="checkbox"/> Senate    State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>58.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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: Francis Richardson
Mailing Address: 220 Doucet Rd
City: Lafayette, State: LA, Zip Code: 70503
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/11/2014
Amount: 30.00
Transaction ID: 411f2294-5715-43db-a
Date of Disbursement or Obligation: 07/11/2014
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: 554635.78

Full Name of Payee: Francis Richardson
Mailing Address: 220 Doucet Rd
City: Lafayette, State: LA, Zip Code: 70503
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/11/2014
Amount: 3.00
Transaction ID: 958cc5bf-6cc1-4daf-b
Date of Disbursement or Obligation: 07/11/2014
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: 554635.78

(a) SUBTOTAL of Itemized Independent Expenditures: 33.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination 07 / 11 / 2014	
Mailing Address 1025 Cayley Ct		Amount 95.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 1dfb2acd-0ef0-40ce-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation 07 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination 07 / 11 / 2014	
Mailing Address 1025 Cayley Ct		Amount 20.10	
City High Point	State NC	Zip Code 27260	Transaction ID : c7a97f9d-8d27-4cbe-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation 07 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	115.10
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

*Ms. Emily Buchanan*  
Signature

[Electronically Filed]

Date 05 / 14 / 2015



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
Lily Green
Mailing Address
205 Medallion Circle
City
Shreveport State
LA Zip Code
71119
Date of Public Distribution/Dissemination
07 / 11 / 2014
Amount
80.00
Transaction ID : 758c0682-278a-46ea-9
Purpose of Expenditure
Salary Category/Type
001
Date of Disbursement or Obligation
07 / 11 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Support
Oppose
Office Sought:
House
Senate
District: 00
State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Primary
General
2014
Other (specify)

Full Name of Payee
Lily Green
Mailing Address
205 Medallion Circle
City
Shreveport State
LA Zip Code
71119
Date of Public Distribution/Dissemination
07 / 11 / 2014
Amount
22.50
Transaction ID : fcc9a153-db5e-4990-9
Purpose of Expenditure
Mileage Category/Type
002
Date of Disbursement or Obligation
07 / 11 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Support
Oppose
Office Sought:
House
Senate
District: 00
State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Primary
General
2014
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 102.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/11/2014
Amount: 75.00
Transaction ID: 3f35102c-8afb-4ffc-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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

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: 07/11/2014
Amount: 13.50
Transaction ID: 3ee1e2d6-f291-4d77-9
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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 88.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Pamela Mahoney
Mailing Address
52 East St Jude
City
Hardy State
AR Zip Code
72542
Purpose of Expenditure
Salary Category/
Type
001
Name of Federal Candidate
Ms. Mary L Landrieu
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 11 / 2014
Amount
40.00
Transaction ID : dc631846-8823-482f-a
Date of Disbursement or Obligation
07 / 11 / 2014
Office Sought:
House District: 00
President Senate State: LA
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Pamela Mahoney
Mailing Address
52 East St Jude
City
Hardy State
AR Zip Code
72542
Purpose of Expenditure
Mileage Category/
Type
002
Name of Federal Candidate
Ms. Mary L Landrieu
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 11 / 2014
Amount
1.50
Transaction ID : 1bdf623e-5bc6-4222-a
Date of Disbursement or Obligation
07 / 11 / 2014
Office Sought:
House District: 00
President Senate State: LA
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 41.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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: Earl Stewart
Mailing Address: 9455 Snow Camp Road
City: Snowcamp, State: NC, Zip Code: 27349
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/11/2014
Amount: 65.00
Transaction ID: 73691b15-8945-47b9-8
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate
Disbursement For: General

Full Name of Payee: Matt Gleb
Mailing Address: 3815 Robin Road
City: Ayden, State: NC, Zip Code: 28513
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/11/2014
Amount: 15.00
Transaction ID: 7eb1bed9-7191-4327-b
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 80.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Ms. Emily Buchanan
Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ 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 <b>Matt Gleb</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address    3815 Robin Road		Amount 9.00	
City Ayden	State NC	Zip Code 28513	<b>Transaction ID : 55d81ce7-9a66-44ad-a</b>
Purpose of Expenditure Mileage	Category/ Type    002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC	
Calendar Year-To-Date Per Election for Office Sought    1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Kacie Gleb</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 11 / 2014	
Mailing Address    3815 Robin Road		Amount 15.00	
City Ayden	State NC	Zip Code 28513	<b>Transaction ID : 140602e3-82f7-434d-a</b>
Purpose of Expenditure Salary	Category/ Type    001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 11 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC	
Calendar Year-To-Date Per Election for Office Sought    1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	24.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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    05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name of Payee <b>Patrice Wolfe</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 9909 Treasure Hill Rd		Amount <input type="text"/>	
City Little Rock	State AR	Zip Code 72205	Transaction ID : <b>1ba1efc4-c147-4862-9</b>
Purpose of Expenditure Salary	Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>AR</u>
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) ▶
		<input type="text"/>	

Full Name of Payee <b>Patrice Wolfe</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 9909 Treasure Hill Rd		Amount <input type="text"/>	
City Little Rock	State AR	Zip Code 72205	Transaction ID : <b>022889bf-fbc3-4f44-b</b>
Purpose of Expenditure Mileage	Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>AR</u>
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) ▶
		<input type="text"/>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<input type="text"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<input type="text"/>
(c) <b>TOTAL</b> 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 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Mattie Harris
Mailing Address: 3654 Tara St
City: springdale, State: AR, Zip Code: 72762
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/11/2014
Amount: 20.00
Transaction ID: b40a46fa-3fff-4f5f-a
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General 2014, [ ] Other (specify)

Full Name of Payee: Mattie Harris
Mailing Address: 3654 Tara St
City: springdale, State: AR, Zip Code: 72762
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/11/2014
Amount: 5.10
Transaction ID: 008389f9-aa1a-4d02-b
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 25.10
(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: 05/14/2015

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: Facebook
Mailing Address: 1601 Willow Road
City: Menlo Park, State: CA, Zip Code: 94025
Purpose of Expenditure: Internet Advertising, Category/Type: 004
Date of Public Distribution/Dissemination: 07/11/2014
Amount: 2376.00
Transaction ID: cb9cec15-5c52-4c9b-a
Name of Federal Candidate: Mr. Mark E Udall, Office Sought: Senate, State: CO
Calendar Year-To-Date Per Election for Office Sought: 25437.15
Disbursement For: General 2014

Full Name of Payee: Google
Mailing Address: 1600 Amphitheatre Parkway
City: Mountain View, State: CA, Zip Code: 94043
Purpose of Expenditure: Internet Advertising, Category/Type: 004
Date of Public Distribution/Dissemination: 07/11/2014
Amount: 2376.00
Transaction ID: 2fc79fe3-8939-423e-9
Name of Federal Candidate: Mr. Mark E Udall, Office Sought: Senate, State: CO
Calendar Year-To-Date Per Election for Office Sought: 25437.15
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 4752.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Bradley K Kissinger
Mailing Address: 3113 Imperial Valley Dr.
City: Little Rock, State: AR, Zip Code: 72212
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/12/2014
Amount: 40.00
Transaction ID: b7a18fce-467f-461b-9
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Bradley K Kissinger
Mailing Address: 3113 Imperial Valley Dr.
City: Little Rock, State: AR, Zip Code: 72212
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/12/2014
Amount: 6.90
Transaction ID: 48b90eed-fd49-419b-9
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 46.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
Signature

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <b>Ms. Chassidy Menard</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014
Mailing Address 515 Walter Dr.	Amount 40.00
City Lafayette      State LA      Zip Code 70507	<b>Transaction ID : b5976762-0982-44d0-a</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014
Purpose of Expenditure Salary      Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu <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 554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Ms. Chassidy Menard</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2014
Mailing Address 515 Walter Dr.	Amount 6.00
City Lafayette      State LA      Zip Code 70507	<b>Transaction ID : f2d8aeb4-f42d-41ee-9</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2014
Purpose of Expenditure Mileage      Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu <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 554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	46.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

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 Barbara A Williams
Mailing Address 3002 Darden Rd Apt A
City Greensboro State NC Zip Code 27407
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07 / 12 / 2014
Amount 33.00
Transaction ID : cebc9401-088f-44f6-a
Date of Disbursement or Obligation 07 / 12 / 2014
Name of Federal Candidate Ms. Kay Hagan
Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Andrea L Hammond
Mailing Address 12920 Kneeland Ln
City Neosho State MO Zip Code 64850
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07 / 12 / 2014
Amount 35.00
Transaction ID : fa1fa168-8eb5-40d4-9
Date of Disbursement or Obligation 07 / 12 / 2014
Name of Federal Candidate Mr. Mark L Pryor
Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 68.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015

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
Andrea L Hammond
Mailing Address
12920 Kneeland Ln
City
Neosho State
MO Zip Code
64850
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 12 / 2014
Amount
2.40
Transaction ID : 488b4a87-08bb-4397-b
Date of Disbursement or Obligation
07 / 12 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Patrice Wolfe
Mailing Address
9909 Treasure Hill Rd
City
Little Rock State
AR Zip Code
72205
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 12 / 2014
Amount
30.00
Transaction ID : ab5f8b95-9291-4d2b-9
Date of Disbursement or Obligation
07 / 12 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 32.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Patrice Wolfe
Mailing Address
9909 Treasure Hill Rd
City
Little Rock State
AR Zip Code
72205
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 12 / 2014
Amount
2.70
Transaction ID : 4b88c4b5-4d08-474b-a
Date of Disbursement or Obligation
07 / 12 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Petrina Williams
Mailing Address
3007 Darden Rd
City
Greensboro State
NC Zip Code
27407
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 12 / 2014
Amount
35.00
Transaction ID : b546f586-7f2b-4810-a
Date of Disbursement or Obligation
07 / 12 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 37.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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 Petrina Williams
Mailing Address 3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/12/2014
Amount 6.60
Transaction ID : fd89729c-62a3-4c03-8
Date of Disbursement or Obligation 07/12/2014
Name of Federal Candidate Ms. Kay Hagan
Office Sought: Senate State: NC
Disbursement For: General 2014

Full Name of Payee Warren Gravois
Mailing Address 16005 7th St
City Pearlinton State MS Zip Code 39572
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/12/2014
Amount 50.00
Transaction ID : cd2c2d68-7238-4195-b
Date of Disbursement or Obligation 07/12/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 56.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> </td> <td></td> <td style="border: 1px solid black; padding: 2px;"> </td> <td></td> <td style="border: 1px solid black; padding: 2px;"> </td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y Y								

Full Name of Payee <b>Warren Gravois</b>		Date of Public Distribution/Dissemination <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">07</td> <td></td> <td style="border: 1px solid black; padding: 2px;">12</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	07		12		2014
M M M	/	D D D	/	Y Y Y Y Y Y									
07		12		2014									
Mailing Address 16005 7th St		Amount 3.60											
City Pearlington	State MS	Zip Code 39572											
Purpose of Expenditure Mileage		Category/ Type	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">07</td> <td></td> <td style="border: 1px solid black; padding: 2px;">12</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07		12		2014
M M M	/	D D D	/	Y Y Y Y Y Y									
07		12		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		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶										

Full Name of Payee <b>Saige Anderson</b>		Date of Public Distribution/Dissemination <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">07</td> <td></td> <td style="border: 1px solid black; padding: 2px;">12</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	07		12		2014
M M M	/	D D D	/	Y Y Y Y Y Y									
07		12		2014									
Mailing Address PO Box 424		Amount 45.00											
City Searcy	State AR	Zip Code 72145											
Purpose of Expenditure Salary		Category/ Type	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">07</td> <td></td> <td style="border: 1px solid black; padding: 2px;">12</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07		12		2014
M M M	/	D D D	/	Y Y Y Y Y Y									
07		12		2014									
Name of Federal Candidate Mr. Mark L Pryor		<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: AR										
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶										

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	48.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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
05		14		2015







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
Amount: 4.80
Transaction ID: ceb2115d-8142-4352-8
Date of Disbursement or Obligation: 07/12/2014
Name of Federal Candidate: Ms. Mary L Landriau
Office Sought: Senate, State: LA
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 554635.78

Full Name of Payee: Jeffrey Hampton
Mailing Address: 1700 E Part Ave
City: Searcy, State: AR, Zip Code: 72149
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 36.00
Transaction ID: aea1617b-397a-4655-b
Date of Disbursement or Obligation: 07/12/2014
Name of Federal Candidate: Mr. Mark L Pryor
Office Sought: Senate, State: AR
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 292370.62

(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 05/14/2015
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: James Kindstedt
Mailing Address: 5510 Dogwood Dr
City: Winston Salem, State: NC, Zip Code: 27105
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/12/2014
Amount: 50.00
Transaction ID: f8abe80a-20ba-4b23-b
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: General 2014

Full Name of Payee: James Kindstedt
Mailing Address: 5510 Dogwood Dr
City: Winston Salem, State: NC, Zip Code: 27105
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/12/2014
Amount: 13.11
Transaction ID: df37b935-20ae-4c17-b
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 63.11
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Daniel Wall
Mailing Address: 3692 Bell Arthur Rd
City: Greenville, State: NC, Zip Code: 27834
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/12/2014
Amount: 4.20
Transaction ID: b4d974ad-cef9-4752-8
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Xavier Miller
Mailing Address: 407 randall Dr
City: Searcy, State: AR, Zip Code: 72143
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/12/2014
Amount: 30.00
Transaction ID: e940cb2e-e23b-4270-a
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 34.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015











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: Amy Eddie
Mailing Address: 5006 Lakeview Road
City: North Little Rock, State: AR, Zip Code: 72116
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/12/2014
Amount: 2.10
Transaction ID: c44ef162-dc54-440b-9
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Dylan Simon
Mailing Address: 111 Millrock Drive
City: Lafayette, State: LA, Zip Code: 70508
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/12/2014
Amount: 51.17
Transaction ID: a7ee166c-11d0-4e86-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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 53.27
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Amy E Bancroft
Mailing Address
4106 Sterling Trace
City
Winterville State
NC Zip Code
28590
Date of Public Distribution/Dissemination
07 / 12 / 2014
Amount
35.00
Transaction ID : 510c71a1-319d-48ab-a
Date of Disbursement or Obligation
07 / 12 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought
1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Amy E Bancroft
Mailing Address
4106 Sterling Trace
City
Winterville State
NC Zip Code
28590
Date of Public Distribution/Dissemination
07 / 12 / 2014
Amount
4.35
Transaction ID : 91d84298-0b14-4d54-b
Date of Disbursement or Obligation
07 / 12 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought
1095959.94
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 39.35
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Tarrin Lesaicherre
Mailing Address: 629 Radiance Ave
City: Metairie, State: LA, Zip Code: 70001
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/12/2014
Amount: 60.00
Transaction ID: 57e583c1-2f2e-4079-9
Date of Disbursement or Obligation: 07/12/2014
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: 554635.78

Full Name of Payee: Tarrin Lesaicherre
Mailing Address: 629 Radiance Ave
City: Metairie, State: LA, Zip Code: 70001
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/12/2014
Amount: 5.25
Transaction ID: 5e496b40-de06-40d4-a
Date of Disbursement or Obligation: 07/12/2014
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: 554635.78

(a) SUBTOTAL of Itemized Independent Expenditures: 65.25
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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
Reagan Brackett
Mailing Address
502 E Center Ave
City
Searcy State
AR Zip Code
72143
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
07 / 12 / 2014
Amount
50.00
Transaction ID : 6bdb8391-50e4-45dd-a
Date of Disbursement or Obligation
07 / 12 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Amelia Brackett
Mailing Address
804 Roundabout Circle
City
Searcy State
AR Zip Code
72143
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
07 / 12 / 2014
Amount
40.00
Transaction ID : bd1a060c-aae0-43f4-8
Date of Disbursement or Obligation
07 / 12 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 90.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Zachary Biviano
Mailing Address
603 Greenwood Dr
City
Searcy State
AR Zip Code
72143
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
07 / 12 / 2014
Amount
20.00
Transaction ID : e1d4522c-fd57-4e44-8
Date of Disbursement or Obligation
07 / 12 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought
292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Zachary Biviano
Mailing Address
603 Greenwood Dr
City
Searcy State
AR Zip Code
72143
Purpose of Expenditure
Mileage Category/Type
002
Date of Public Distribution/Dissemination
07 / 12 / 2014
Amount
3.00
Transaction ID : 160efe20-e405-41dc-9
Date of Disbursement or Obligation
07 / 12 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought
292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 23.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Cory Bryson
Mailing Address: 216 Dogwood Ln
City: Belmont, State: NC, Zip Code: 28012
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/12/2014
Amount: 35.00
Transaction ID: 0e55b26e-defb-49ec-b
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Cory Bryson
Mailing Address: 216 Dogwood Ln
City: Belmont, State: NC, Zip Code: 28012
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/12/2014
Amount: 25.50
Transaction ID: 901cef30-9372-4e09-8
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 60.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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: Kenny Wallis
Mailing Address: 6412 Osage Dr
City: North Little rock, State: AR, Zip Code: 72116
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/12/2014
Amount: 15.00
Transaction ID: 6cf562b0-e8eb-4dee-9
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Kenny Wallis
Mailing Address: 6412 Osage Dr
City: North Little rock, State: AR, Zip Code: 72116
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/12/2014
Amount: 2.04
Transaction ID: 09f34cbc-4326-455b-9
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 17.04
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015







**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y Y								

Full Name of Payee <b>Jon Linch</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 12 / 2014</b>	
Mailing Address 6108 Harkins Ave		Amount <b>90.00</b>	
City Little Rock	State AR	Zip Code 72210	<b>Transaction ID : 6e9bc143-6b65-4448-9</b>
Purpose of Expenditure Salary	Category/ Type	<b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 12 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought		<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jon Linch</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 13 / 2014</b>	
Mailing Address 6108 Harkins Ave		Amount <b>16.20</b>	
City Little Rock	State AR	Zip Code 72210	<b>Transaction ID : e4041fd3-5531-480b-9</b>
Purpose of Expenditure Mileage	Category/ Type	<b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 12 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought		<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>106.20</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

[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: Chris McCoy
Mailing Address: 1025 Cayley Ct
City: High Point, State: NC, Zip Code: 27260
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/12/2014
Amount: 95.00
Transaction ID: ec8be208-7932-4842-9
Date of Disbursement or Obligation: 07/12/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

Full Name of Payee: Chris McCoy
Mailing Address: 1025 Cayley Ct
City: High Point, State: NC, Zip Code: 27260
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/12/2014
Amount: 18.90
Transaction ID: edb7c9f4-bfec-4efc-9
Date of Disbursement or Obligation: 07/12/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 113.90
(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 05/14/2015
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
Warren Gravois
Mailing Address 16005 7th St
City Pearlington State MS Zip Code 39572
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/13/2014
Amount 40.00
Transaction ID : 15d1c41f-8ba9-4296-9
Date of Disbursement or Obligation 07/13/2014
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
Warren Gravois
Mailing Address 16005 7th St
City Pearlington State MS Zip Code 39572
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/13/2014
Amount 1.95
Transaction ID : bad7f50f-4065-4021-8
Date of Disbursement or Obligation 07/13/2014
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 41.95
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 12 / 2014</b>	
Mailing Address 1025 Cayley Ct		Amount <b>95.00</b>	
City High Point	State NC	Zip Code 27260	<b>Transaction ID : 65694382-7d29-47f0-9</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 12 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 12 / 2014</b>	
Mailing Address 1025 Cayley Ct		Amount <b>20.40</b>	
City High Point	State NC	Zip Code 27260	<b>Transaction ID : 7b8f4b60-fe7c-4784-8</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 12 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>115.40</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**



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: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/13/2014
Amount: 30.00
Transaction ID: 9fb8be32-5ba9-4e3e-9
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: 554635.78
Disbursement For: [ ] Primary, [X] General 2014, [ ] Other (specify)

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: 07/13/2014
Amount: 21.60
Transaction ID: 3d551fd9-d41b-4f09-8
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: 554635.78
Disbursement For: [ ] Primary, [X] General 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 51.60
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Christopher Marquess</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 13 / 2014
Mailing Address 110 W Pecan St	Amount 40.00
City Ville Platte State LA Zip Code 70586	<b>Transaction ID : a4d11aa4-aa13-48e5-b</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2014
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu	<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 554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Christopher Marquess</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 13 / 2014
Mailing Address 110 W Pecan St	Amount 27.90
City Ville Platte State LA Zip Code 70586	<b>Transaction ID : 494f71f4-e5d3-4738-b</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2014
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu	<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 554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	67.90
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 MM / DD / YYYY 05 / 14 / 2015

[Electronically Filed]



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> 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 <b>Sarah Nugent</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2014	
Mailing Address 2 White Oak Court		Amount 20.00	
City Searcy	State AR	Zip Code 72143	<b>Transaction ID : a0adb6d9-0b2f-416f-9</b>
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<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: AR
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 <b>Sarah Nugent</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2014	
Mailing Address 2 White Oak Court		Amount 3.06	
City Searcy	State AR	Zip Code 72143	<b>Transaction ID : ef7aaa87-9b80-4720-9</b>
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<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: AR
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) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	23.06
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Signature Ms. Emily Buchanan      [Electronically Filed]      Date M M M / D D D / Y Y Y Y Y Y  
05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> 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 <b>Reagan Brackett</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            07 / 13 / 2014         </div>						
Mailing Address 502 E Center Ave	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           30.00         </div>						
<table style="width:100%; border: none;"> <tr> <td style="border: none;">City</td> <td style="border: none;">State</td> <td style="border: none;">Zip Code</td> </tr> <tr> <td style="border: none;">Searcy</td> <td style="border: none;">AR</td> <td style="border: none;">72143</td> </tr> </table>	City	State	Zip Code	Searcy	AR	72143	<b>Transaction ID : ec4a15bd-91da-49c6-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            07 / 13 / 2014         </div>
City	State	Zip Code					
Searcy	AR	72143					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">           001         </div>						
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">           292370.62         </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <b>Amelia Brackett</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            07 / 13 / 2014         </div>						
Mailing Address 804 Roundabout Circle	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           30.00         </div>						
<table style="width:100%; border: none;"> <tr> <td style="border: none;">City</td> <td style="border: none;">State</td> <td style="border: none;">Zip Code</td> </tr> <tr> <td style="border: none;">Searcy</td> <td style="border: none;">AR</td> <td style="border: none;">72143</td> </tr> </table>	City	State	Zip Code	Searcy	AR	72143	<b>Transaction ID : 9d295f88-b41c-463d-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            07 / 13 / 2014         </div>
City	State	Zip Code					
Searcy	AR	72143					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">           001         </div>						
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">           292370.62         </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____						

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         60.00       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         _____       </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         _____       </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 

MM / DD / YYYY  
 05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="margin-left: 20px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Amelia Brackett</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 13 / 2014</b>
Mailing Address <b>804 Roundabout Circle</b>	Amount <b>11.70</b>
City <b>Searcy</b> State <b>AR</b> Zip Code <b>72143</b>	<b>Transaction ID : 69768464-cb7d-498c-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 13 / 2014</b>
Purpose of Expenditure <b>Mileage</b> Category/Type <b>002</b>	Name of Federal Candidate <b>Mr. Mark L Pryor</b> <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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jon Linch</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 13 / 2014</b>
Mailing Address <b>6108 Harkins Ave</b>	Amount <b>35.00</b>
City <b>Little Rock</b> State <b>AR</b> Zip Code <b>72210</b>	<b>Transaction ID : aeff8fac-bdae-4d92-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 13 / 2014</b>
Purpose of Expenditure <b>Salary</b> Category/Type <b>001</b>	Name of Federal Candidate <b>Mr. Mark L Pryor</b> <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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>46.70</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan* [Electronically Filed] Date **05 / 14 / 2015**

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Jon Linch</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 13 / 2014</b>	
Mailing Address 6108 Harkins Ave		Amount 8.10	
City Little Rock	State AR	Zip Code 72210	Transaction ID : <b>ee6012d1-3034-495a-9</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 13 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Francis Richardson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 13 / 2014</b>	
Mailing Address 220 Doucet Rd		Amount 25.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : <b>d1e4484d-13a4-4924-a</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 13 / 2014</b>	
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 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	33.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Ms. Emily Buchanan [Electronically Filed] Date **05 / 14 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Francis Richardson</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 13 / 2014
Mailing Address 220 Doucet Rd	Amount <span style="border: 1px solid black; padding: 2px;">1.86</span>
City Lafayette State LA Zip Code 70503	<b>Transaction ID : 21ec461e-a29d-40c6-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 13 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Matthew Manuel</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 13 / 2014
Mailing Address 1392 Lee Street	Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>
City Ville Platte State LA Zip Code 70586	<b>Transaction ID : 20ad6b1a-9e2f-4dcf-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 13 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">61.86</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Matthew Manuel</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 13 / 2014</b>
Mailing Address 1392 Lee Street	Amount <b>42.00</b>
City State Zip Code Ville Platte LA 70586	<b>Transaction ID : 1de8b7b8-8112-4f4a-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 13 / 2014</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>
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 <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Michael Vidrine</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 13 / 2014</b>
Mailing Address 1103 West Wilson Street	Amount <b>75.00</b>
City State Zip Code Ville Platte LA 70586	<b>Transaction ID : 438c197c-7488-4511-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 13 / 2014</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>
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 <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>117.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name of Payee <b>Michael Vidrine</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1103 West Wilson Street		Amount <input type="text"/>
City Ville Platte	State LA	Zip Code 70586
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : <b>bebcb0ba-8917-4b35-9</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
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	<input type="text"/> 554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Mr. Elizabeth Allison</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 157 Bishop Drive		Amount <input type="text"/>
City Avondale	State LA	Zip Code 70094
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : <b>0adf18dc-3754-4ab1-a</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
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	<input type="text"/> 554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<input type="text"/> 43.90
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<input type="text"/>
(c) <b>TOTAL</b> 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 [Electronically Filed] Date  /  /

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: Mr. Elizabeth Allison
Mailing Address: 157 Bishop Drive
City: Avondale, State: LA, Zip Code: 70094
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/13/2014
Amount: 3.90
Transaction ID: 967a24a8-a2f1-4266-9
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: 554635.78
Disbursement For: [ ] Primary, [X] General 2014, [ ] Other (specify)

Full Name of Payee: Laura Rose Porter
Mailing Address: 227 Fairgrounds Road
City: Natchitoches, State: LA, Zip Code: 71457
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/13/2014
Amount: 14.80
Transaction ID: fd4314cc-ae8d-46a1-a
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: 554635.78
Disbursement For: [ ] Primary, [X] General 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 18.70
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Darius Beverly
Mailing Address: 157 Bishop Drive
City: Avondale, State: LA, Zip Code: 70094
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/13/2014
Amount: 50.00
Transaction ID: 0e9b0622-297a-4a4a-8
Date of Disbursement or Obligation: 07/13/2014
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: 554635.78

Full Name of Payee: Ms. Dinah Beverly
Mailing Address: 157 Bishop Drive
City: Avondale, State: LA, Zip Code: 70064
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/13/2014
Amount: 50.00
Transaction ID: 1d49552b-73da-4fdd-9
Date of Disbursement or Obligation: 07/13/2014
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: 554635.78

(a) SUBTOTAL of Itemized Independent Expenditures: 100.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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
Ms. Dinah Beverly
Mailing Address
157 Bishop Drive
City
Avondale State
LA Zip Code
70064
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 13 / 2014
Amount
4.50
Transaction ID : eb5e98c0-7c9a-4683-8
Date of Disbursement or Obligation
07 / 13 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

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
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 13 / 2014
Amount
60.00
Transaction ID : bba491fc-3ba8-4e52-a
Date of Disbursement or Obligation
07 / 13 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 64.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Nathan Smith
Mailing Address
1247 W Mt Comfort Rd
City
Fayetteville State
AR Zip Code
72703
Purpose of Expenditure
Salary Category/
Type
001

Date of Public Distribution/Dissemination
07 / 13 / 2014
Amount
20.00
Transaction ID : 6d619913-0065-4265-8
Date of Disbursement or Obligation
07 / 13 / 2014

Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Office Sought:
House
Senate
District:
00
State:
AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Nathan Smith
Mailing Address
1247 W Mt Comfort Rd
City
Fayetteville State
AR Zip Code
72703
Purpose of Expenditure
Mileage Category/
Type
002

Date of Public Distribution/Dissemination
07 / 13 / 2014
Amount
8.40
Transaction ID : f7ac18b9-548e-481d-9
Date of Disbursement or Obligation
07 / 13 / 2014

Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Office Sought:
House
Senate
District:
00
State:
AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 28.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
Signature

[Electronically Filed]

Date
05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
---	---

Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Lorri Anderson</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>07 / 14 / 2014</b>
Mailing Address <b>7214 Duchamp Dr</b>	Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>
City <b>Charlotte</b> State <b>NC</b> Zip Code <b>23215</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate <b>Ms. Kay Hagan</b>	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : 1e870c5a-c16c-4545-8**

Date of Disbursement or Obligation

Full Name of Payee <b>Lorri Anderson</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>07 / 14 / 2014</b>
Mailing Address <b>7214 Duchamp Dr</b>	Amount <span style="border: 1px solid black; padding: 2px;">4.80</span>
City <b>Charlotte</b> State <b>NC</b> Zip Code <b>23215</b>	
Purpose of Expenditure <b>Mileage</b>	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate <b>Ms. Kay Hagan</b>	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : 1f209128-0456-4dcb-9**

Date of Disbursement or Obligation

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">54.80</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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 Casey Stockton
Mailing Address 105 South Dale St
City Spruce Pine State NC Zip Code 28777
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/14/2014
Amount 60.00
Transaction ID : 3dbdc7a9-8c4e-4dc5-8
Date of Disbursement or Obligation 07/14/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Casey Stockton
Mailing Address 105 South Dale St
City Spruce Pine State NC Zip Code 28777
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/14/2014
Amount 14.10
Transaction ID : 28b13fa5-b3a0-425a-b
Date of Disbursement or Obligation 07/14/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 74.10
(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 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Mary Johnson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 14 / 2014</b>
Mailing Address 105 South Dale St		Amount <b>60.00</b>
City Spruce Pine	State NC	Zip Code 28777
Purpose of Expenditure Salary	Category/Type <b>001</b>	Transaction ID : <b>d1f36d5c-a75b-4928-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 14 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Mr. Haley Brown</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 14 / 2014</b>
Mailing Address 344 Natalie Drive		Amount <b>40.00</b>
City Winston-Salem	State NC	Zip Code 27030
Purpose of Expenditure Salary	Category/Type <b>001</b>	Transaction ID : <b>783a99dd-895e-4c5d-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 14 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>100.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Ms. Emily Buchanan [Electronically Filed] Date **05 / 14 / 2015**

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
Mr. Haley Brown
Mailing Address
344 Natalie Drive
City
Winston-Salem State
NC Zip Code
27030
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 14 / 2014
Amount
9.00
Transaction ID : fad2130a-ee7d-4b46-b
Date of Disbursement or Obligation
07 / 14 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Felice Barrett
Mailing Address
1588 Asbury
City
Springdale State
AR Zip Code
72762
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 14 / 2014
Amount
55.00
Transaction ID : 7698801e-06da-4231-9
Date of Disbursement or Obligation
07 / 14 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 64.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Amount: 21.93
Transaction ID: 9768a77f-237e-4990-a
Date of Disbursement or Obligation: 07/14/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General

Full Name of Payee: Andrew Shiver
Mailing Address: 110 Earlston Ct
City: Knightdale, State: NC, Zip Code: 27545
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 50.00
Transaction ID: e76c6ff9-8c3e-453e-9
Date of Disbursement or Obligation: 07/11/2014
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate, State: NC
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 71.93
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Caleb Craig</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 14 / 2014</b>	
Mailing Address 1410 Bushville drive		Amount <b>10.50</b>	
City Lenoir	State NC	Zip Code 28645	Transaction ID : <b>a5a5014f-f932-4af2-9</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 14 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Ralphie Lockhart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 14 / 2014</b>	
Mailing Address 6310 Col Glenn Rd		Amount <b>40.00</b>	
City Little Rock	State AR	Zip Code 72204	Transaction ID : <b>513d4fd9-9fea-4285-a</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 14 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>50.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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 Ralphie Lockhart
Mailing Address 6310 Col Glenn Rd
City Little Rock State AR Zip Code 72204
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 07 / 14 / 2014
Amount 4.50
Transaction ID : cec6ea70-7cb7-4f5d-b
Date of Disbursement or Obligation 07 / 14 / 2014

Name of Federal Candidate Ms. Kay Hagan
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1095959.94

Office Sought: House Senate
District: 00 State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee Larry Freeman
Mailing Address 11214 Mesa drive
City Little rock State AR Zip Code 72211
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 07 / 14 / 2014
Amount 50.00
Transaction ID : 87f4a548-8068-441f-9
Date of Disbursement or Obligation 07 / 14 / 2014

Name of Federal Candidate Mr. Mark L Pryor
Support Oppose
Calendar Year-To-Date Per Election for Office Sought 292370.62

Office Sought: House Senate
District: 00 State: AR
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 54.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
Signature

[Electronically Filed]

Date 05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold;">C</span> C00530766                 </div>
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee <b>Jennie Butler</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 07 / 14 / 2014		
Mailing Address 1676 Shady Creek Rd			Amount <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">23.33</span>		
City Ayden	State NC	Zip Code 28513	<b>Transaction ID : 3a8e5a4c-6c4a-4521-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 07 / 14 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px;">001</span>			
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Jennie Butler</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 07 / 14 / 2014		
Mailing Address 1676 Shady Creek Rd			Amount <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">7.02</span>		
City Ayden	State NC	Zip Code 28513	<b>Transaction ID : 9382414d-6d62-447d-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 07 / 14 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px;">002</span>			
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">30.35</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

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: Steven Jean
Mailing Address: 2012 Harrison Ave
City: Winston Salem, State: NC, Zip Code: 27105
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/14/2014
Amount: 70.00
Transaction ID: f74ad39f-f65c-46d4-a
Date of Disbursement or Obligation: 07/14/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Steven Jean
Mailing Address: 2012 Harrison Ave
City: Winston Salem, State: NC, Zip Code: 27105
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/14/2014
Amount: 12.00
Transaction ID: 80187dd6-e120-4c6d-a
Date of Disbursement or Obligation: 07/14/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 82.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Allie Butler
Mailing Address: 1676 Shady Creek Rd
City: Ayden, State: NC, Zip Code: 28513
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/14/2014
Amount: 25.00
Transaction ID: bba97b5e-8d8e-4e90-9
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: John Voholetz
Mailing Address: 718 N MacMillan Avenue
City: Wilmington, State: NC, Zip Code: 28803
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/14/2014
Amount: 47.50
Transaction ID: 7ad77d25-0083-4f62-b
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 72.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>John Voholetz</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 14 / 2014</b>	
Mailing Address 718 N MacMillan Avenue		Amount <b>4.50</b>	
City Wilmington	State NC	Zip Code 28803	Transaction ID : <b>0bc85e98-d802-4c43-9</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 14 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Christopher Pollreis</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 14 / 2014</b>	
Mailing Address 15.5 Magnolia Circle		Amount <b>30.00</b>	
City Searcy	State AR	Zip Code 72143	Transaction ID : <b>f19b919a-263d-4dcd-b</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 14 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>34.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      **[Electronically Filed]**      Date **05 / 14 / 2015**

Signature \_\_\_\_\_



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Christopher Pollreis</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 15.5 Magnolia Circle		Amount <input type="text"/>
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Mileage		Transaction ID : 93759b2f-68cb-4862-8 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Category/Type 002		
Name of Federal Candidate Mr. Mark L Pryor	<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: AR
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/> 292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Peter Sahuc</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 107 Phillip Ave		Amount <input type="text"/>
City Lafayette	State LA	Zip Code 70503
Purpose of Expenditure Salary		Transaction ID : 14f41d2f-315b-40cc-8 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
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	<input type="text"/> 554635.78	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"/> 61.80
(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) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Ms. Chassidy Menard</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 14 / 2014
Mailing Address 515 Walter Dr.	Amount <span style="border: 1px solid black; padding: 2px;">5.10</span>
City Lafayette State LA Zip Code 70507	<b>Transaction ID : 0c940076-5330-4ba4-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 14 / 2014
Purpose of Expenditure Mileage Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Branson Cambre</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 14 / 2014
Mailing Address 117 Middleburg Dr.	Amount <span style="border: 1px solid black; padding: 2px;">15.00</span>
City Lafayette State LA Zip Code 70508	<b>Transaction ID : 50289085-58a5-46cf-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 14 / 2014
Purpose of Expenditure Salary Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">20.10</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Branson Cambre</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 14 / 2014</b>
Mailing Address <b>117 Middleburg Dr.</b>	Amount <b>0.78</b>
City <b>Lafayette</b> State <b>LA</b> Zip Code <b>70508</b>	<b>Transaction ID : 0848c80f-b86c-4d1f-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 14 / 2014</b>
Purpose of Expenditure <b>Mileage</b> Category/Type <b>002</b>	Name of Federal Candidate <b>Ms. Mary L Landrieu</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Steven Best</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 14 / 2014</b>
Mailing Address <b>103 Washington Ave</b>	Amount <b>23.00</b>
City <b>Newport</b> State <b>NC</b> Zip Code <b>28570</b>	<b>Transaction ID : 11770279-a01e-4101-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 14 / 2014</b>
Purpose of Expenditure <b>Salary</b> Category/Type <b>001</b>	Name of Federal Candidate <b>Ms. Kay Hagan</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>23.78</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan* [Electronically Filed] Date **05 / 14 / 2015**

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: Steven Best
Mailing Address: 103 Washington Ave
City: Newport, State: NC, Zip Code: 28570
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 6.75
Transaction ID: 67b9ace0-6fbd-4722-b
Date of Disbursement or Obligation: 07/14/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Donald Dessauer
Mailing Address: 1804 Auburn Ave
City: Metairie, State: LA, Zip Code: 70003
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 25.00
Transaction ID: 22804b65-c231-40e3-b
Date of Disbursement or Obligation: 07/14/2014
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: 31.75
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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 Benjamin Hernandez
Mailing Address 915 E Market Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/14/2014
Amount 43.00
Transaction ID : bcf562c4-7499-4150-9
Date of Disbursement or Obligation 07/14/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Benjamin Hernandez
Mailing Address 915 E Market Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/14/2014
Amount 31.50
Transaction ID : 49331231-69fd-446c-b
Date of Disbursement or Obligation 07/14/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 74.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Anthony Pearson
Mailing Address: 112 apache Dr
City: Search State: AR Zip Code: 72149
Purpose of Expenditure: Salary Category/Type: 001
Date of Public Distribution/Dissemination: 07/14/2014
Amount: 45.00
Transaction ID: b6403d95-65e1-413c-9
Date of Disbursement or Obligation: 07/14/2014
Name of Federal Candidate: Mr. Mark L Pryor
Office Sought: Senate State: AR
Disbursement For: General 2014

Full Name of Payee: Anthony Pearson
Mailing Address: 112 apache Dr
City: Search State: AR Zip Code: 72149
Purpose of Expenditure: Mileage Category/Type: 002
Date of Public Distribution/Dissemination: 07/14/2014
Amount: 31.50
Transaction ID: 333f4cab-cd42-49aa-a
Date of Disbursement or Obligation: 07/14/2014
Name of Federal Candidate: Mr. Mark L Pryor
Office Sought: Senate State: AR
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 76.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00530766</span> </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 <b>Reagan Brackett</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 14 / 2014</span> </div>						
Mailing Address    502 E Center Ave	Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> <span style="font-size: 1.2em; font-weight: bold;">40.00</span> </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Searcy</td> <td>AR</td> <td>72143</td> </tr> </table>	City	State	Zip Code	Searcy	AR	72143	<b>Transaction ID : 533a4c39-9f2f-49f2-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 14 / 2014</span> </div>
City	State	Zip Code					
Searcy	AR	72143					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">001</div>						
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; width: 150px; text-align: center;"> <span style="font-size: 1.2em; font-weight: bold;">292370.62</span> </div>						
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____							

Full Name of Payee <b>Theresa Burkhart</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 14 / 2014</span> </div>						
Mailing Address    3126 Chester Ct	Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> <span style="font-size: 1.2em; font-weight: bold;">50.00</span> </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Metairie</td> <td>LA</td> <td>70006</td> </tr> </table>	City	State	Zip Code	Metairie	LA	70006	<b>Transaction ID : b3172ade-afcc-47bc-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 14 / 2014</span> </div>
City	State	Zip Code					
Metairie	LA	70006					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; width: 40px; 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; width: 150px; text-align: center;"> <span style="font-size: 1.2em; font-weight: bold;">554635.78</span> </div>						
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____							

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> <span style="font-size: 1.2em; font-weight: bold;">90.00</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> <span style="font-size: 1.2em; font-weight: bold;">0.00</span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> <span style="font-size: 1.2em; font-weight: bold;">90.00</span> </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  
05 / 14 / 2015



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold;">C</span> 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 <b>Theresa Burkhart</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014
Mailing Address 3126 Chester Ct	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7.02</div>
City State Zip Code Metairie LA 70006	
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 <input checked="" type="checkbox"/> Senate District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">554635.78</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Francesca Blom</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 14 / 2014
Mailing Address 101 Asbury Ct	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">70.00</div>
City State Zip Code Winchester VA 22602	
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">77.02</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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 [Electronically Filed] Date

Signature MM / DD / YYYY  
05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <span style="float: right;">M M M / D D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>Solveig Lysne</b>		Date of Public Distribution/Dissemination <span style="float: right;">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 14 / 2014</b>	
Mailing Address <b>7121 Oyster Lane</b>		Amount <span style="float: right;">32.50</span>	
City <b>Wilmington</b>	State <b>NC</b>	Zip Code <b>28411</b>	<b>Transaction ID : 50bfcf88-fdee-4565-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation <span style="float: right;">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 14 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">1095959.94</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Solveig Lysne</b>		Date of Public Distribution/Dissemination <span style="float: right;">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 14 / 2014</b>	
Mailing Address <b>7121 Oyster Lane</b>		Amount <span style="float: right;">6.51</span>	
City <b>Wilmington</b>	State <b>NC</b>	Zip Code <b>28411</b>	<b>Transaction ID : df02b614-becb-4172-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation <span style="float: right;">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 14 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="float: right;">1095959.94</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="float: right;">39.01</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="float: right;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="float: right;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
**05 / 14 / 2015**

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
Lily Green
Mailing Address
205 Medallion Circle
City
Shreveport State
LA Zip Code
71119
Date of Public Distribution/Dissemination
07 / 14 / 2014
Amount
90.00
Transaction ID : 8801fc93-48ad-4bdb-b
Date of Disbursement or Obligation
07 / 14 / 2014
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose Office Sought:
House District: 00
President Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Lily Green
Mailing Address
205 Medallion Circle
City
Shreveport State
LA Zip Code
71119
Date of Public Distribution/Dissemination
07 / 14 / 2014
Amount
20.10
Transaction ID : a4c53ef3-64bb-4b27-a
Date of Disbursement or Obligation
07 / 14 / 2014
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose Office Sought:
House District: 00
President Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 110.10
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Christopher Marquess</b>	Date of Public Distribution/Dissemination <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 14 / 2014</b>
Mailing Address 110 W Pecan St	Amount <span style="float:right">50.00</span>
City State Zip Code Ville Platte LA 70586	<b>Transaction ID : 1dcc8e04-d5fe-4ccb-9</b> Date of Disbursement or Obligation <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 14 / 2014</b>
Purpose of Expenditure Salary	Category/Type <span style="float:right">001</span>
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 <span style="float:right">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Christopher Marquess</b>	Date of Public Distribution/Dissemination <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 14 / 2014</b>
Mailing Address 110 W Pecan St	Amount <span style="float:right">15.00</span>
City State Zip Code Ville Platte LA 70586	<b>Transaction ID : 96aba416-7cb5-4735-8</b> Date of Disbursement or Obligation <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 14 / 2014</b>
Purpose of Expenditure Mileage	Category/Type <span style="float:right">002</span>
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 <span style="float:right">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="float:right">65.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
**05 / 14 / 2015**

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>	
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 <b>Zachary Vidrine</b>	
Mailing Address <b>202 Rue Des Cajun</b>	
City <b>Ville Platte</b>	State <b>LA</b>
Zip Code <b>70586</b>	
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>	
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	

Date of Public Distribution/Dissemination <b>07 / 14 / 2014</b>
Amount <b>35.00</b>
Transaction ID : <b>56cb12c2-4876-4c2c-9</b>
Date of Disbursement or Obligation <b>07 / 14 / 2014</b>
Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Zachary Vidrine</b>	
Mailing Address <b>202 Rue Des Cajun</b>	
City <b>Ville Platte</b>	State <b>LA</b>
Zip Code <b>70586</b>	
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>	
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	

Date of Public Distribution/Dissemination <b>07 / 14 / 2014</b>
Amount <b>13.20</b>
Transaction ID : <b>5f99f262-9744-4fc0-a</b>
Date of Disbursement or Obligation <b>07 / 14 / 2014</b>
Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>48.20</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

*[Electronically Filed]*

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name of Payee <b>Mr. Alex Peyton</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 14 / 2014</b>	
Mailing Address 859 Hicks Rd		Amount <b>60.00</b>	
City Washington	State LA	Zip Code 70589	Transaction ID : <b>08e91d12-d12e-41ad-9</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 14 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	<b>554635.78</b>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Mr. Alex Peyton</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 14 / 2014</b>	
Mailing Address 859 Hicks Rd		Amount <b>24.00</b>	
City Washington	State LA	Zip Code 70589	Transaction ID : <b>3f3ede85-4706-42d7-9</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 14 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	<b>554635.78</b>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>84.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00530766</span> </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 <b>Lisa Booth</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 14 / 2014</span> </div>
Mailing Address    1434 South Avenue	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">82.50</span> </div>
City    State    Zip Code Eden    NC    27288	<b>Transaction ID : 652f2e41-8d59-4c3d-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 14 / 2014</span> </div>
Purpose of Expenditure Salary    Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Name of Federal Candidate <input type="checkbox"/> Support                          Office Sought: <input type="checkbox"/> House    District: <u>00</u> Ms. Kay Hagan <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: center;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Lisa Booth</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 14 / 2014</span> </div>
Mailing Address    1434 South Avenue	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">7.20</span> </div>
City    State    Zip Code Eden    NC    27288	<b>Transaction ID : 62544651-1793-454e-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 14 / 2014</span> </div>
Purpose of Expenditure Mileage    Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Name of Federal Candidate <input type="checkbox"/> Support                          Office Sought: <input type="checkbox"/> House    District: <u>00</u> Ms. Kay Hagan <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; text-align: center;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">89.70</span> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </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*        *[Electronically Filed]*    Date    05 / 14 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Carmen Maddrey</b>			Date of Public Distribution/Dissemination <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 14 / 2014</b>		
Mailing Address 2043 Nottingham Ln			Amount <span style="float:right">25.00</span> <b>Transaction ID : 9d11ed5c-ead0-497e-8</b>		
City Burlington	State NC	Zip Code 27215			
Purpose of Expenditure Salary		Category/Type <b>001</b>	Date of Disbursement or Obligation <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 14 / 2014</b>		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="float:right">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Carmen Maddrey</b>			Date of Public Distribution/Dissemination <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 14 / 2014</b>		
Mailing Address 2043 Nottingham Ln			Amount <span style="float:right">2.10</span> <b>Transaction ID : 9e9ae036-1d55-4081-a</b>		
City Burlington	State NC	Zip Code 27215			
Purpose of Expenditure Mileage		Category/Type <b>002</b>	Date of Disbursement or Obligation <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 14 / 2014</b>		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="float:right">1095959.94</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="float:right">27.10</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 M M M / D D D / Y Y Y Y Y Y  
**05 / 14 / 2015**

[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: Brian Saltzler
Mailing Address: 601 S College Road
City: Wilmington, State: NC, Zip Code: 28403
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/14/2014
Amount: 60.00
Transaction ID: e60f6683-9b5e-46c3-a
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Brian Saltzler
Mailing Address: 601 S College Road
City: Wilmington, State: NC, Zip Code: 28403
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/14/2014
Amount: 6.00
Transaction ID: 24e8bbc6-59a8-49df-8
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 66.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Cassidy Quartararo
Mailing Address
632 Cameron Court
City
Kenner State
LA Zip Code
70065
Date of Public Distribution/Dissemination
07 / 14 / 2014
Amount
50.00
Transaction ID : 75979806-8a77-43a8-9
Date of Disbursement or Obligation
07 / 14 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Office Sought: House Senate
District: 00 State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Taylor N Randall
Mailing Address
2002 E Park Ave
Apt 40
City
Searcy State
AR Zip Code
72143
Date of Public Distribution/Dissemination
07 / 14 / 2014
Amount
30.00
Transaction ID : afbd803a-4829-48f3-9
Date of Disbursement or Obligation
07 / 14 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Mr. Mark L Pryor
Support Oppose
Office Sought: House Senate
District: 00 State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 80.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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: Taylor N Randall
Mailing Address: 2002 E Park Ave Apt 40
City: Searcy State: AR Zip Code: 72143
Purpose of Expenditure: Mileage Category/Type: 002
Date of Public Distribution/Dissemination: 07/14/2014
Amount: 2.34
Transaction ID: bd9ca72d-2c9f-4413-8
Date of Disbursement or Obligation: 07/14/2014
Name of Federal Candidate: Mr. Mark L Pryor
Office Sought: Senate State: AR
Disbursement For: General 2014

Full Name of Payee: Chris McCoy
Mailing Address: 1025 Cayley Ct
City: High Point State: NC Zip Code: 27260
Purpose of Expenditure: Salary Category/Type: 001
Date of Public Distribution/Dissemination: 07/14/2014
Amount: 85.00
Transaction ID: 1ae51d11-0f2f-46a4-8
Date of Disbursement or Obligation: 07/14/2014
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate State: NC
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 87.34
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> 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 <b>Chris McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 14 / 2014</b>	
Mailing Address 1025 Cayley Ct		Amount <b>21.30</b>	
City High Point	State NC	Zip Code 27260	<b>Transaction ID : 230291c1-0c2f-448a-8</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 14 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 14 / 2014</b>	
Mailing Address 1025 Cayley Ct		Amount <b>80.00</b>	
City High Point	State NC	Zip Code 27260	<b>Transaction ID : 92c182a6-31da-4711-9</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 14 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>101.30</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Danielle McCoy</b>	Date of Public Distribution/Dissemination <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 14 / 2014</b>
Mailing Address 1025 Cayley Ct	Amount <span style="float:right">19.20</span>
City High Point	State NC
Zip Code 27260	<b>Transaction ID : d7b42cf6-6a00-49dc-b</b>
Purpose of Expenditure Mileage	Category/Type <span style="float:right">002</span>
Date of Disbursement or Obligation <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 14 / 2014</b>	Name of Federal Candidate Ms. Kay Hagan
<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="float:right">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jessica Habakjian</b>	Date of Public Distribution/Dissemination <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 14 / 2014</b>
Mailing Address 4193 W. Lang St	Amount <span style="float:right">25.00</span>
City Farmville	State NC
Zip Code 27828	<b>Transaction ID : 06c20209-c3f3-4d62-8</b>
Purpose of Expenditure Salary	Category/Type <span style="float:right">001</span>
Date of Disbursement or Obligation <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 14 / 2014</b>	Name of Federal Candidate Ms. Kay Hagan
<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="float:right">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="float:right">44.20</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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 Habakjian
Mailing Address
4193 W. Lang St
City
Farmville State
NC Zip Code
27828
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 14 / 2014
Amount
7.50
Transaction ID : e6a3326c-e2e9-4ec4-8
Date of Disbursement or Obligation
07 / 14 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Charity Zerbel
Mailing Address
804 Mary Ave
City
Neosho State
MO Zip Code
64850
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 14 / 2014
Amount
35.00
Transaction ID : d715d832-e449-4360-b
Date of Disbursement or Obligation
07 / 14 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 42.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature





**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <span style="margin-left: 20px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Mr. Roger McKinney</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 14 / 2014</b>
Mailing Address <b>308 West Main Street</b>	Amount <b>19.14</b>
City <b>Pilot Mountain</b> State <b>NC</b> Zip Code <b>27041</b>	<b>Transaction ID : 9e8c7274-4e79-4fe1-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 14 / 2014</b>
Purpose of Expenditure <b>Mileage</b> Category/Type <b>002</b>	Name of Federal Candidate <b>Ms. Kay Hagan</b> <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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Glenda McKinney</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 14 / 2014</b>
Mailing Address <b>308 West Main Street</b>	Amount <b>95.00</b>
City <b>Plot Mountain</b> State <b>NC</b> Zip Code <b>27041</b>	<b>Transaction ID : 59a7bcf1-43f9-488f-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 14 / 2014</b>
Purpose of Expenditure <b>Salary</b> Category/Type <b>001</b>	Name of Federal Candidate <b>Ms. Kay Hagan</b> <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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>114.14</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
**05 / 14 / 2015**

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: Anna Harris
Mailing Address: 3654 Tara St
City: Springdale, State: AR, Zip Code: 72762
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/14/2014
Amount: 30.00
Transaction ID: 78543374-1320-49a8-9
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Anna Harris
Mailing Address: 3654 Tara St
City: Springdale, State: AR, Zip Code: 72762
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/14/2014
Amount: 5.40
Transaction ID: 3dd71a96-2957-448d-9
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 35.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature





**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Sean B Hicks</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>07 / 14 / 2014</b>
Mailing Address 44 McDowell Drive	Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>
City State Zip Code Wake Forest NC 27587	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

**Transaction ID : a378bbb0-af8b-429d-a**

Full Name of Payee <b>Sean B Hicks</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>07 / 14 / 2014</b>
Mailing Address 44 McDowell Drive	Amount <span style="border: 1px solid black; padding: 2px;">21.60</span>
City State Zip Code Wake Forest NC 27587	
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

**Transaction ID : 94c63aaf-374f-4270-a**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">61.60</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**





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: Kenny Wallis
Mailing Address: 6412 Osage Dr
City: North Little rock, State: AR, Zip Code: 72116
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/14/2014
Amount: 27.50
Transaction ID: 99315c5a-c73f-4dd9-9
Date of Disbursement or Obligation: 07/14/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Kenny Wallis
Mailing Address: 6412 Osage Dr
City: North Little rock, State: AR, Zip Code: 72116
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/14/2014
Amount: 3.06
Transaction ID: e28c4821-0e3b-45e9-a
Date of Disbursement or Obligation: 07/14/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 30.56
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05/14/2015
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 Vidrine
Mailing Address: 1103 West Wilson Street
City: Ville Platte, State: LA, Zip Code: 70586
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/14/2014
Amount: 50.00
Transaction ID: 278c67a7-df5f-4da2-a
Date of Disbursement or Obligation: 07/14/2014
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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] 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: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/14/2014
Amount: 29.70
Transaction ID: 6835a98c-baa3-47e6-8
Date of Disbursement or Obligation: 07/14/2014
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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 79.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
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
Phillip Williams
Mailing Address
3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure
Mileage Category/Type 002
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination
07 / 14 / 2014
Amount
15.30
Transaction ID : 57a9f976-77bf-46f0-a
Date of Disbursement or Obligation
07 / 14 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General 2014
Other (specify)

Full Name of Payee
Beverly Williams
Mailing Address
3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure
Salary Category/Type 001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination
07 / 14 / 2014
Amount
57.50
Transaction ID : f9c3a779-5896-49d1-a
Date of Disbursement or Obligation
07 / 14 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General 2014
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 72.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Date of Public Distribution/Dissemination
07 / 14 / 2014
Amount
15.00
Transaction ID : f17c35c9-5703-41f3-a
Date of Disbursement or Obligation
07 / 14 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan
Office Sought:
Senate State:
NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
General 2014

Full Name of Payee
Darius Beverly
Mailing Address
157 Bishop Drive
City
Avondale State
LA Zip Code
70094
Date of Public Distribution/Dissemination
07 / 14 / 2014
Amount
40.00
Transaction ID : 74d9ae30-b6a6-45e8-a
Date of Disbursement or Obligation
07 / 14 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State:
LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
General 2014

(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
05 / 14 / 2015
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 Ms. Dinah Beverly
Mailing Address 157 Bishop Drive
City Avondale State LA Zip Code 70064
Purpose of Expenditure Salary Category/Type 001
Amount 40.00
Transaction ID : b7ac7308-09d1-45ab-8
Date of Disbursement or Obligation 07/14/2014
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 Ms. Dinah Beverly
Mailing Address 157 Bishop Drive
City Avondale State LA Zip Code 70064
Purpose of Expenditure Mileage Category/Type 002
Amount 4.80
Transaction ID : c7388861-d42a-4e8b-8
Date of Disbursement or Obligation 07/14/2014
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 44.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Patrice Wolfe</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 14 / 2014</b>
Mailing Address 9909 Treasure Hill Rd	Amount <b>30.00</b>
City Little Rock	State AR
Zip Code 72205	Transaction ID : <b>a1ad8ca3-2399-403f-b</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 14 / 2014</b>
Category/Type <b>001</b>	Name of Federal Candidate Mr. Mark L Pryor
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<b>292370.62</b>	2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Patrice Wolfe</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 14 / 2014</b>
Mailing Address 9909 Treasure Hill Rd	Amount <b>5.40</b>
City Little Rock	State AR
Zip Code 72205	Transaction ID : <b>f593c1fc-0376-4dac-b</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 14 / 2014</b>
Category/Type <b>002</b>	Name of Federal Candidate Mr. Mark L Pryor
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<b>292370.62</b>	2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>35.40</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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 James Tatro
Mailing Address 1208 Braeburn Rd
City Charlotte State NC Zip Code 28211
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/14/2014
Amount 50.00
Transaction ID : 0e92e2bf-6c35-4607-9
Date of Disbursement or Obligation 07/14/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Disbursement For: Primary General 2014

Full Name of Payee James Tatro
Mailing Address 1208 Braeburn Rd
City Charlotte State NC Zip Code 28211
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/14/2014
Amount 2.70
Transaction ID : 9e19807a-2d6b-4862-a
Date of Disbursement or Obligation 07/14/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 52.70
(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 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Andrea L Hammond</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 15 / 2014</b>
Mailing Address 12920 Kneeland Ln		Amount <b>35.00</b>
City Neosho	State MO	Zip Code 64850
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : <b>8e836914-22f0-4058-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 15 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought	<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Andrea L Hammond</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 15 / 2014</b>
Mailing Address 12920 Kneeland Ln		Amount <b>43.80</b>
City Neosho	State MO	Zip Code 64850
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : <b>751783ea-1831-49c8-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 15 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought	<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>78.80</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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
Caleb Craig
Date of Public Distribution/Dissemination
07 / 15 / 2014
Mailing Address
1410 Bushville drive
Amount
25.00
City State Zip Code
Lenoir NC 28645
Transaction ID : 4db37ded-9acd-478d-a
Date of Disbursement or Obligation
07 / 15 / 2014
Purpose of Expenditure
Salary
Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose
Office Sought:
House
Senate
District: 00
State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Caleb Craig
Date of Public Distribution/Dissemination
07 / 15 / 2014
Mailing Address
1410 Bushville drive
Amount
10.50
City State Zip Code
Lenoir NC 28645
Transaction ID : 839dad2a-5b8b-45e1-a
Date of Disbursement or Obligation
07 / 15 / 2014
Purpose of Expenditure
Mileage
Category/Type
002
Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose
Office Sought:
House
Senate
District: 00
State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 35.50
(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 05 / 14 / 2015
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
Luke T Waltermire
Mailing Address
107 S Grist Mill Rd
City
Hampstead State
NC Zip Code
28443
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
30.00
Transaction ID : b686d49d-3411-4596-b
Date of Disbursement or Obligation
07 / 15 / 2014
Name of Federal Candidate
Ms. Kay Hagan
Office Sought:
Senate State:
NC
Disbursement For:
General 2014

Full Name of Payee
Luke T Waltermire
Mailing Address
107 S Grist Mill Rd
City
Hampstead State
NC Zip Code
28443
Purpose of Expenditure
Mileage Category/Type
002
Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
10.50
Transaction ID : b3920450-eba5-4a26-8
Date of Disbursement or Obligation
07 / 15 / 2014
Name of Federal Candidate
Ms. Kay Hagan
Office Sought:
Senate State:
NC
Disbursement For:
General 2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 40.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Mary Johnson</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 15 / 2014</b>
Mailing Address 105 South Dale St	Amount <b>75.00</b>
City Spruce Pine	State NC
Zip Code 28777	Transaction ID : <b>8271590f-18cd-46b3-9</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 15 / 2014</b>
Category/Type <b>001</b>	
Name of Federal Candidate Ms. Kay Hagan	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Mary Johnson</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 15 / 2014</b>
Mailing Address 105 South Dale St	Amount <b>75.00</b>
City Spruce Pine	State NC
Zip Code 28777	Transaction ID : <b>69ca67ce-2a64-403b-9</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 15 / 2014</b>
Category/Type <b>001</b>	
Name of Federal Candidate Ms. Kay Hagan	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>150.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date **05 / 14 / 2015**





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
Mr. Haley Brown
Mailing Address
344 Natalie Drive
City
Winston-Salem State
NC Zip Code
27030
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
40.00
Transaction ID : b8e3fcdcd-ff27-4b37-a
Date of Disbursement or Obligation
07 / 15 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Mr. Haley Brown
Mailing Address
344 Natalie Drive
City
Winston-Salem State
NC Zip Code
27030
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
8.40
Transaction ID : 08dee815-cac5-498d-a
Date of Disbursement or Obligation
07 / 15 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 48.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
Signature

[Electronically Filed]

Date
05 / 14 / 2015

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
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
40.00
Transaction ID : e4ce1373-864d-49f5-9
Date of Disbursement or Obligation
07 / 15 / 2014
Office Sought: House District: 00
President Senate State: LA
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
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
24.03
Transaction ID : 90f96b2b-7c8f-435c-8
Date of Disbursement or Obligation
07 / 15 / 2014
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 64.03
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; vertical-align: middle;">C</span> 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 <b>Kevin L Battle</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 15 / 2014</span> </div>			
Mailing Address    3300 Asher Ave	Amount <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold;">10.00</span> </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Little Rock</td> <td style="width:33%;">State AR</td> <td style="width:33%;">Zip Code 72204</td> </tr> </table>		City Little Rock	State AR	Zip Code 72204
City Little Rock		State AR	Zip Code 72204	
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Purpose of Expenditure Salary</td> <td style="width:50%;">Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div></td> </tr> </table>	Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>		
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>			
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    District: <u>00</u> State: <u>AR</u>			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: center;">292370.62</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <b>Kevin L Battle</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 15 / 2014</span> </div>			
Mailing Address    3300 Asher Ave	Amount <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold;">6.00</span> </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Little Rock</td> <td style="width:33%;">State AR</td> <td style="width:33%;">Zip Code 72204</td> </tr> </table>		City Little Rock	State AR	Zip Code 72204
City Little Rock		State AR	Zip Code 72204	
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Purpose of Expenditure Mileage</td> <td style="width:50%;">Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">002</div></td> </tr> </table>	Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">002</div>		
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">002</div>			
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    District: <u>00</u> State: <u>AR</u>			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: center;">292370.62</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____			

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: center;"> <span style="font-size: 1.2em; font-weight: bold;">16.00</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: center;"> <span style="font-size: 1.2em; font-weight: bold;">0.00</span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: center;"> <span style="font-size: 1.2em; font-weight: bold;">16.00</span> </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*
[Electronically Filed]
Date 05 / 14 / 2015

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
Virginia M Stevens
Mailing Address
1691 Fork Mtn Rd
City
Bakersville State
NC Zip Code
28705
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
30.00
Transaction ID : 66033940-51ef-4353-9
Date of Disbursement or Obligation
07 / 15 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Virginia M Stevens
Mailing Address
1691 Fork Mtn Rd
City
Bakersville State
NC Zip Code
28705
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
11.10
Transaction ID : 0bf593b1-745f-43e1-8
Date of Disbursement or Obligation
07 / 15 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 41.10
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Karl L Starns
Mailing Address: 4120 Bon Aire Dr Apt 6307
City: Monroe State: LA Zip Code: 71212
Purpose of Expenditure: Salary Category/Type: 001
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 30.00
Transaction ID: c7ca6afc-d056-42af-a
Date of Disbursement or Obligation: 07/15/2014
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: 554635.78

Full Name of Payee: Karl L Starns
Mailing Address: 4120 Bon Aire Dr Apt 6307
City: Monroe State: LA Zip Code: 71212
Purpose of Expenditure: Mileage Category/Type: 002
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 3.60
Transaction ID: 702c0bce-ecfb-44f2-a
Date of Disbursement or Obligation: 07/15/2014
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: 554635.78

(a) SUBTOTAL of Itemized Independent Expenditures: 33.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Steven Jean</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 15 / 2014
Mailing Address 2012 Harrison Ave	Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>
City State Zip Code Winston Salem NC 27105	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : 9d566fd8-05d0-48e5-9**

Date of Disbursement or Obligation

Full Name of Payee <b>Steven Jean</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 15 / 2014
Mailing Address 2012 Harrison Ave	Amount <span style="border: 1px solid black; padding: 2px;">15.00</span>
City State Zip Code Winston Salem NC 27105	
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : 9acc54c7-6b20-4192-9**

Date of Disbursement or Obligation

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">85.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015



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: Lisa Booth
Mailing Address: 1434 South Avenue
City: Eden, State: NC, Zip Code: 27288
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 85.00
Transaction ID: dec6d2e9-d720-4f9f-8
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Lisa Booth
Mailing Address: 1434 South Avenue
City: Eden, State: NC, Zip Code: 27288
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 12.90
Transaction ID: 9611e99d-10e5-4c88-9
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 97.90
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Julie Clifton
Mailing Address
712 St. Martin Lane
City
Bossier City State
LA Zip Code
71111
Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
23.00
Transaction ID : 36e4a4b1-f4bf-4b7c-8
Date of Disbursement or Obligation
07 / 15 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State: LA
Calendar Year-To-Date Per Election for Office Sought
554635.78
Disbursement For:
General 2014

Full Name of Payee
Julie Clifton
Mailing Address
712 St. Martin Lane
City
Bossier City State
LA Zip Code
71111
Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
4.32
Transaction ID : aa163d78-c8b9-4c25-8
Date of Disbursement or Obligation
07 / 15 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State: LA
Calendar Year-To-Date Per Election for Office Sought
554635.78
Disbursement For:
General 2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 27.32
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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: David Ford
Mailing Address: 106 Hillside St
City: Spindale, State: NC, Zip Code: 28160
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 52.50
Transaction ID: 17dfb4a0-6c23-471d-8
Date of Disbursement or Obligation: 07/15/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: David Ford
Mailing Address: 106 Hillside St
City: Spindale, State: NC, Zip Code: 28160
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 8.46
Transaction ID: c0fe6a3b-68e2-4e84-b
Date of Disbursement or Obligation: 07/15/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 60.96
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Ralphie Lockhart
Mailing Address: 6310 Col Glenn Rd
City: Little Rock, State: AR, Zip Code: 72204
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 25.00
Transaction ID: a686bba9-9a78-4dca-b
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Ralphie Lockhart
Mailing Address: 6310 Col Glenn Rd
City: Little Rock, State: AR, Zip Code: 72204
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 2.40
Transaction ID: 97d68e71-0b4b-4a16-8
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 27.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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: Myeisha M Ross
Mailing Address: 3411 Asher Ave
City: Little Rock, State: AR, Zip Code: 72209
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 50.00
Transaction ID: c7ce3b04-0683-49c9-8
Name of Federal Candidate: Mr. Mark L Pryor, Office Sought: Senate, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: General 2014

Full Name of Payee: Larry Freeman
Mailing Address: 11214 Mesa drive
City: Little rock, State: AR, Zip Code: 72211
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 25.00
Transaction ID: 59e91aaa-8085-4c8c-a
Name of Federal Candidate: Mr. Mark L Pryor, Office Sought: Senate, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: General 2014

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures: 75.00. Row (b) SUBTOTAL of Unitemized Independent Expenditures. Row (c) TOTAL Independent Expenditures.

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Damian B Robinson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 15 / 2014</b>	
Mailing Address 701 Green Mountain Dr Apt 1312		Amount <b>25.00</b>	
City Little Rock	State AR	Zip Code 72211	Transaction ID : <b>9535c95b-3231-42b3-9</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 15 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Damian B Robinson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 15 / 2014</b>	
Mailing Address 701 Green Mountain Dr Apt 1312		Amount <b>11.10</b>	
City Little Rock	State AR	Zip Code 72211	Transaction ID : <b>405afc87-1c23-4d1a-8</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 15 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>36.10</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date **05 / 14 / 2015**

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: Carmen Maddrey
Mailing Address: 2043 Nottingham Ln
City: Burlington, State: NC, Zip Code: 27215
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 40.00
Transaction ID: 3fce6315-0440-471d-a
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: General 2014

Full Name of Payee: Carmen Maddrey
Mailing Address: 2043 Nottingham Ln
City: Burlington, State: NC, Zip Code: 27215
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 2.70
Transaction ID: ec07ca11-b09c-4339-9
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 42.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: JoAnn Burks
Mailing Address: 10 Castle Hill Ct
City: Little Rock, State: AR, Zip Code: 72227
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 20.00
Transaction ID: 8c808adb-d579-4945-9
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: JoAnn Burks
Mailing Address: 10 Castle Hill Ct
City: Little Rock, State: AR, Zip Code: 72227
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 3.30
Transaction ID: d8a18c71-4601-4d84-9
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 23.30
(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 05/14/2015
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: Gosch Ellers
Mailing Address: 377 Darlington Ave
City: Wilmington, State: NC, Zip Code: 28403
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 60.00
Transaction ID: 473534c2-44a3-40db-9
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Gosch Ellers
Mailing Address: 377 Darlington Ave
City: Wilmington, State: NC, Zip Code: 28403
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 33.90
Transaction ID: 97ea9436-60bc-45c2-a
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 93.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Francesca Blom</b>		Date of Public Distribution/Dissemination 07 / 15 / 2014	
Mailing Address 101 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : bc366290-1d41-4d4c-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation 07 / 15 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<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: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Tammy Williams</b>		Date of Public Distribution/Dissemination 07 / 15 / 2014	
Mailing Address 924 N. Prieur St		Amount 65.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 8653a4f2-8a82-4890-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation 07 / 15 / 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 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	145.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Tammy Williams</b>		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	Transaction ID : 548f79be-e5dd-4534-b Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Mileage	Category/ Type	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
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	<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	2014 <input type="checkbox"/> Other (specify) ▶
		<input type="text"/> 554635.78	

Full Name of Payee <b>Tammy Williams</b>		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	Transaction ID : ae746c1f-173b-4e4d-a Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Salary	Category/ Type	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
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	<input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	2014 <input type="checkbox"/> Other (specify) ▶
		<input type="text"/> 554635.78	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<input type="text"/> 75.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) <b>TOTAL</b> 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) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Tammy Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 15 / 2014</b>
Mailing Address 924 N. Prieur St		Amount <b>10.50</b>
City New Orleans	State LA	Zip Code 70116
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 15 / 2014</b>
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 <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Peter Sahuc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 15 / 2014</b>
Mailing Address 107 Phillip Ave		Amount <b>30.00</b>
City Lafayette	State LA	Zip Code 70503
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 15 / 2014</b>
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 <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>40.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;">C</span> 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 <b>Peter Sahuc</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>            07 / 15 / 2014         </div>
Mailing Address    107 Phillip Ave	Amount <div style="border: 1px solid black; padding: 2px; width: 80%; float: right;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>            3.06         </div>
City                                  State                                  Zip Code Lafayette                                  LA                                  70503	<b>Transaction ID : 13a57395-585d-494a-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>            07 / 15 / 2014         </div>
Purpose of Expenditure Mileage                                  Category/Type <div style="border: 1px solid black; padding: 2px;">002</div>	Name of Federal Candidate <input type="checkbox"/> Support                                  Office Sought: <input type="checkbox"/> House    District: <u>00</u> Ms. Mary L Landrieu <input checked="" type="checkbox"/> Oppose <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; width: 60%; float: right;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>            554635.78         </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Donald Dessauer</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>            07 / 15 / 2014         </div>
Mailing Address    1804 Auburn Ave	Amount <div style="border: 1px solid black; padding: 2px; width: 80%; float: right;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>            20.00         </div>
City                                  State                                  Zip Code Metairie                                  LA                                  70003	<b>Transaction ID : 774d1ae9-0439-4348-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>            07 / 15 / 2014         </div>
Purpose of Expenditure Salary                                  Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>	Name of Federal Candidate <input type="checkbox"/> Support                                  Office Sought: <input type="checkbox"/> House    District: <u>00</u> Ms. Mary L Landrieu <input checked="" type="checkbox"/> Oppose <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; width: 60%; float: right;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>            554635.78         </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 80%; float: right;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>            23.06         </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; width: 80%; float: right;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>            _____         </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 80%; float: right;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>            _____         </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*

*[Electronically Filed]*

Date 

M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2015

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
Brandy Starns
Mailing Address
300 Evangeline St
City
Monroe State
LA Zip Code
71201
Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
6.00
Transaction ID : b34fc1df-6281-428a-8
Date of Disbursement or Obligation
07 / 15 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date Per Election for Office Sought
554635.78
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Felice Barrett
Mailing Address
1588 Asbury
City
Springdale State
AR Zip Code
72762
Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
45.00
Transaction ID : 242e7d2f-2186-4357-9
Date of Disbursement or Obligation
07 / 15 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought
292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 51.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Felice Barrett
Mailing Address
1588 Asbury
City
Springdale State
AR Zip Code
72762
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
3.60
Transaction ID : 1941b301-01ad-4d81-a
Date of Disbursement or Obligation
07 / 15 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Sharon Lloyd
Mailing Address
4301 Lankford
City
Springdale State
AR Zip Code
72762
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
45.00
Transaction ID : 1a9e0225-f43f-44da-9
Date of Disbursement or Obligation
07 / 15 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 48.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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: Sharon Lloyd
Mailing Address: 4301 Lankford
City: Springdale, State: AR, Zip Code: 72762
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 9.69
Transaction ID: 0546931c-ed34-4645-9
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Elizabeth M Woodard
Mailing Address: 982 W Eagle St, Apt 8
City: Fayetteville, State: AR, Zip Code: 72701
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 30.00
Transaction ID: f1d41cb4-ca13-4cb6-a
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 39.69
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Elizabeth M Woodard</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 15 / 2014</b>	
Mailing Address 982 W Eagle St Apt 8		Amount <b>13.20</b>	
City Fayetteville	State AR	Zip Code 72701	<b>Transaction ID : c380f501-850c-43c4-a</b>
Purpose of Expenditure Mileage	Category/ Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 15 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Mr. Roger McKinney</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 15 / 2014</b>	
Mailing Address 308 West Main Street		Amount <b>62.50</b>	
City Pilot Mountian	State NC	Zip Code 27041	<b>Transaction ID : 3f16d889-ff1d-4998-8</b>
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 15 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>75.70</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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: Mr. Roger McKinney
Mailing Address: 308 West Main Street
City: Pilot Mountain, State: NC, Zip Code: 27041
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 11.76
Transaction ID: 1ea4641b-526d-4930-9
Date of Disbursement or Obligation: 07/15/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Andrew G Gray
Mailing Address: 982 W Eagle St, Apt 8
City: Fayetteville, State: AR, Zip Code: 72701
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 30.00
Transaction ID: cfe398aa-099f-4e1c-9
Date of Disbursement or Obligation: 07/15/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 41.76
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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
Andrew G Gray
Date of Public Distribution/Dissemination
07 / 15 / 2014
Mailing Address
982 W Eagle St
Apt 8
Amount
30.00
City
Fayetteville
State
AR
Zip Code
72701
Transaction ID : 716c2ace-10c8-4138-8
Date of Disbursement or Obligation
07 / 15 / 2014
Purpose of Expenditure
Salary
Category/Type
001
Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Office Sought:
House
Senate
District: 00
State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Glenda McKinney
Date of Public Distribution/Dissemination
07 / 15 / 2014
Mailing Address
308 West Main Street
Amount
62.50
City
Plot Mountain
State
NC
Zip Code
27041
Transaction ID : 5578af1e-b778-4322-9
Date of Disbursement or Obligation
07 / 15 / 2014
Purpose of Expenditure
Salary
Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose
Office Sought:
House
Senate
District: 00
State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 92.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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: Anna Harris
Mailing Address: 3654 Tara St
City: Springdale, State: AR, Zip Code: 72762
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 25.00
Transaction ID: 34524666-c875-4d48-b
Name of Federal Candidate: Mr. Mark L Pryor, Office Sought: Senate, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: General 2014

Full Name of Payee: Anna Harris
Mailing Address: 3654 Tara St
City: Springdale, State: AR, Zip Code: 72762
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 3.90
Transaction ID: 752b211f-9663-4dfb-b
Name of Federal Candidate: Mr. Mark L Pryor, Office Sought: Senate, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 28.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="margin-left: 20px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Jonathan Odette</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 15 / 2014</b>
Mailing Address 9600 Earpsboro Chamblee Road	Amount <b>65.00</b>
City State Zip Code Wendell NC 27591	<b>Transaction ID : d60e1579-d0bf-4f24-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 15 / 2014</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jonathan Odette</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 15 / 2014</b>
Mailing Address 9600 Earpsboro Chamblee Road	Amount <b>28.80</b>
City State Zip Code Wendell NC 27591	<b>Transaction ID : a17e8f5e-82d5-4163-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 15 / 2014</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>93.80</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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
Ms. Tonya Boyd
Mailing Address
2357 Fancy Cap Rd
City
Mt. Airy State
NC Zip Code
27030
Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
80.00
Transaction ID : df849268-a29a-496f-9
Date of Disbursement or Obligation
07 / 15 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought
1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Ms. Tonya Boyd
Mailing Address
2357 Fancy Cap Rd
City
Mt. Airy State
NC Zip Code
27030
Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
10.44
Transaction ID : 2fb8a8d6-1e3e-40ba-9
Date of Disbursement or Obligation
07 / 15 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought
1095959.94
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 90.44
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan

[Electronically Filed]

Date

05 / 14 / 2015

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: Solveig Lysne
Mailing Address: 7121 Oyster Lane
City: Wilmington, State: NC, Zip Code: 28411
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 35.30
Transaction ID: 9f101979-33d4-4cb6-a
Date of Disbursement or Obligation: 07/15/2014
Name of Federal Candidate: Ms. Kay Hagan, Support/Oppose
Office Sought: Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: General 2014

Full Name of Payee: Solveig Lysne
Mailing Address: 7121 Oyster Lane
City: Wilmington, State: NC, Zip Code: 28411
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 11.16
Transaction ID: fc0c4f13-6b1c-4611-9
Date of Disbursement or Obligation: 07/15/2014
Name of Federal Candidate: Ms. Kay Hagan, Support/Oppose
Office Sought: Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 46.46
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Lily 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: 07/15/2014
Amount: 40.00
Transaction ID: 0b6b457b-4f1e-4892-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: 554635.78
Disbursement For: [ ] Primary, [X] General 2014, [ ] Other (specify)

Full Name of Payee: Lily 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: 07/15/2014
Amount: 19.50
Transaction ID: f579a0b8-587e-4786-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: 554635.78
Disbursement For: [ ] Primary, [X] General 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 59.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015









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
Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
0.30
Transaction ID : 0198f885-0d8e-4953-b
Date of Disbursement or Obligation
07 / 15 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Mattie Harris
Mailing Address
3654 Tara St
City
springdale State
AR Zip Code
72762
Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
90.00
Transaction ID : 6548da87-0c13-4a11-a
Date of Disbursement or Obligation
07 / 15 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 90.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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: Gloria A Krieger
Mailing Address: 1392 Lee Street
City: Ville Platte, State: LA, Zip Code: 70586
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 10.00
Transaction ID: 30823b8d-8048-4c5c-a
Date of Disbursement or Obligation: 07/15/2014
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: 554635.78

Full Name of Payee: Gloria A Krieger
Mailing Address: 1392 Lee Street
City: Ville Platte, State: LA, Zip Code: 70586
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 0.15
Transaction ID: f990b1f0-edec-4104-9
Date of Disbursement or Obligation: 07/15/2014
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: 554635.78

(a) SUBTOTAL of Itemized Independent Expenditures: 10.15
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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
Elizabeth Hanks
Mailing Address
891 W. Melmar
City
Fayetteville State
AR Zip Code
72703
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
25.00
Transaction ID : 77db7bcb-d856-4d43-a
Date of Disbursement or Obligation
07 / 15 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Office Sought:
House District: 00
President Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Elizabeth Hanks
Mailing Address
891 W. Melmar
City
Fayetteville State
AR Zip Code
72703
Purpose of Expenditure
Mileage Category/Type
002
Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
3.60
Transaction ID : 3a52c07d-2765-4007-a
Date of Disbursement or Obligation
07 / 15 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Office Sought:
House District: 00
President Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 28.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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
Anthony Buchanan
Mailing Address
1090 McHone Rd
City
Spruce Pine State
NC Zip Code
28777
Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
30.00
Transaction ID : f866f29c-cda9-49a6-9
Date of Disbursement or Obligation
07 / 15 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose
Office Sought:
House
Senate
District:
00 State:
NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary
General
2014
Other (specify)

Full Name of Payee
Darion Howard
Mailing Address
407 Bernal St
City
Edinburg State
TX Zip Code
78539
Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
65.00
Transaction ID : 9c1bdf28-3448-4579-8
Date of Disbursement or Obligation
07 / 15 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Office Sought:
House
Senate
District:
00 State:
AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For:
Primary
General
2014
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 95.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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
Darion Howard
Mailing Address
407 Bernal St
City
Edinburg State
TX Zip Code
78539
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
25.05
Transaction ID : 6fdf54b1-f83f-4117-9
Date of Disbursement or Obligation
07 / 15 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

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
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
25.00
Transaction ID : 8814912f-1cbb-48bd-9
Date of Disbursement or Obligation
07 / 15 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 50.05
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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
Name of Federal Candidate
Ms. Mary L Landrieu
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
3.00
Transaction ID : f0347aa8-29e0-4ebe-a
Date of Disbursement or Obligation
07 / 15 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Chris McCoy
Mailing Address
1025 Cayley Ct
City
High Point State
NC Zip Code
27260
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
85.00
Transaction ID : 13b1bb5f-1bcd-4edb-8
Date of Disbursement or Obligation
07 / 15 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 88.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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: Chris McCoy
Mailing Address: 1025 Cayley Ct
City: High Point, State: NC, Zip Code: 27260
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 16.80
Transaction ID: 9ad6b523-a339-4bd9-a
Date of Disbursement or Obligation: 07/15/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Benjamin Hernandez
Mailing Address: 915 E Market Ave
City: Searcy, State: AR, Zip Code: 72149
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 63.00
Transaction ID: 8c77e661-0f0e-4b59-b
Date of Disbursement or Obligation: 07/15/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 79.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Benjamin Hernandez</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 15 / 2014</b>
Mailing Address 915 E Market Ave		Amount <b>24.90</b>
City Searcy	State AR	Zip Code 72149
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 15 / 2014</b>
Mailing Address 1025 Cayley Ct		Amount <b>85.00</b>
City High Point	State NC	Zip Code 27260
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>109.90</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**



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: Danielle McCoy
Mailing Address: 1025 Cayley Ct
City: High Point, State: NC, Zip Code: 27260
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 18.30
Transaction ID: 572fbcc4-be28-41dc-b
Date of Disbursement or Obligation: 07/15/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Andrea L Hammond
Mailing Address: 12920 Kneeland Ln
City: Neosho, State: MO, Zip Code: 64850
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 35.00
Transaction ID: d0934488-b7f8-4410-8
Date of Disbursement or Obligation: 07/15/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 53.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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
Andrea L Hammond
Mailing Address
12920 Kneeland Ln
City
Neosho State
MO Zip Code
64850
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
33.60
Transaction ID : 85d9728e-1dc2-483b-8
Date of Disbursement or Obligation
07 / 15 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

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
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
80.00
Transaction ID : 99e9c7f5-ee18-4ad4-9
Date of Disbursement or Obligation
07 / 15 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 113.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> 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 <b>Christopher Marquess</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            07 / 15 / 2014         </div>								
Mailing Address 110 W Pecan St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           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>Ville Platte</td> <td>LA</td> <td>70586</td> </tr> </table>	City	State	Zip Code	Ville Platte	LA	70586	<b>Transaction ID : 3bf589c1-769c-490d-9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            07 / 15 / 2014         </div>		
City	State	Zip Code							
Ville Platte	LA	70586							
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Purpose of Expenditure</td> <td style="width:50%;">Category/Type</td> </tr> <tr> <td>Salary</td> <td>001</td> </tr> </table>	Purpose of Expenditure	Category/Type	Salary	001	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Name of Federal Candidate</td> <td style="width:50%;">Office Sought:</td> </tr> <tr> <td>Ms. Mary L Landrieu</td> <td> <input type="checkbox"/> Support   <input checked="" type="checkbox"/> Oppose  <input type="checkbox"/> House   <input checked="" type="checkbox"/> Senate   District: 00  <input type="checkbox"/> President   State: LA         </td> </tr> </table>	Name of Federal Candidate	Office Sought:	Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate   District: 00 <input type="checkbox"/> President   State: LA
Purpose of Expenditure	Category/Type								
Salary	001								
Name of Federal Candidate	Office Sought:								
Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">           554635.78         </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶								

Full Name of Payee <b>Christopher Marquess</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            07 / 15 / 2014         </div>								
Mailing Address 110 W Pecan St	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           27.60         </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>Ville Platte</td> <td>LA</td> <td>70586</td> </tr> </table>	City	State	Zip Code	Ville Platte	LA	70586	<b>Transaction ID : b800fc81-5d4c-47d1-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            07 / 15 / 2014         </div>		
City	State	Zip Code							
Ville Platte	LA	70586							
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Purpose of Expenditure</td> <td style="width:50%;">Category/Type</td> </tr> <tr> <td>Mileage</td> <td>002</td> </tr> </table>	Purpose of Expenditure	Category/Type	Mileage	002	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Name of Federal Candidate</td> <td style="width:50%;">Office Sought:</td> </tr> <tr> <td>Ms. Mary L Landrieu</td> <td> <input type="checkbox"/> Support   <input checked="" type="checkbox"/> Oppose  <input type="checkbox"/> House   <input checked="" type="checkbox"/> Senate   District: 00  <input type="checkbox"/> President   State: LA         </td> </tr> </table>	Name of Federal Candidate	Office Sought:	Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate   District: 00 <input type="checkbox"/> President   State: LA
Purpose of Expenditure	Category/Type								
Mileage	002								
Name of Federal Candidate	Office Sought:								
Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">           554635.78         </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶								

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         67.60       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         0.00       </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         67.60       </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 

MM / DD / YYYY

  
05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Alexa S Dudley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 4367 Splitlog Rd		Amount 50.00	
City Goodman	State MO	Zip Code 64843	Transaction ID : <b>0c06369b-0839-4c68-b</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<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: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Alexa S Dudley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2014	
Mailing Address 4367 Splitlog Rd		Amount 24.30	
City Goodman	State MO	Zip Code 64843	Transaction ID : <b>b5fdead3-72a2-4546-9</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<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: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	74.30
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

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: Najib Mahmud
Mailing Address: 3432 Riverrock Ct
City: Baton Rouge, State: LA, Zip Code: 70820
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 30.00
Transaction ID: dbcad354-96bf-455b-b
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: General 2014

Full Name of Payee: Najib Mahmud
Mailing Address: 3432 Riverrock Ct
City: Baton Rouge, State: LA, Zip Code: 70820
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 2.10
Transaction ID: fb9985a6-fa9b-48cb-9
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 32.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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: Francis Richardson
Mailing Address: 220 Doucet Rd
City: Lafayette, State: LA, Zip Code: 70503
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 27.00
Transaction ID: b4dfa005-1a1f-4a8c-a
Date of Disbursement or Obligation: 07/15/2014
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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Francis Richardson
Mailing Address: 220 Doucet Rd
City: Lafayette, State: LA, Zip Code: 70503
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 1.92
Transaction ID: e668581a-86a5-42e9-a
Date of Disbursement or Obligation: 07/15/2014
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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 28.92
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Christopher Pollreis</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 15 / 2014</b>
Mailing Address 15.5 Magnolia Circle	Amount <b>70.00</b>
City Searcy	State AR
Zip Code 72143	<b>Transaction ID : 4bc83d29-1f0a-4bd7-9</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 15 / 2014</b>
Category/Type <b>001</b>	Name of Federal Candidate Mr. Mark L Pryor
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</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) ▶
<b>292370.62</b>	

Full Name of Payee <b>Christopher Pollreis</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 15 / 2014</b>
Mailing Address 15.5 Magnolia Circle	Amount <b>68.40</b>
City Searcy	State AR
Zip Code 72143	<b>Transaction ID : a9022c4c-a68f-40cd-8</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 15 / 2014</b>
Category/Type <b>002</b>	Name of Federal Candidate Mr. Mark L Pryor
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</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) ▶
<b>292370.62</b>	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>138.40</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Kenny Wallis</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 15 / 2014</b>
Mailing Address 6412 Osage Dr	Amount <b>60.00</b>
City State Zip Code North Little rock AR 72116	<b>Transaction ID : 89318982-9463-44cc-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 15 / 2014</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Kenny Wallis</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 15 / 2014</b>
Mailing Address 6412 Osage Dr	Amount <b>10.77</b>
City State Zip Code North Little rock AR 72116	<b>Transaction ID : b5d04289-30b6-4fb1-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 15 / 2014</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>70.77</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**



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
Jeffrey Hampton
Mailing Address
1700 E Part Ave
City
Searcy State
AR Zip Code
72149
Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
60.00
Transaction ID : 123cdafe-db7a-46e8-a
Date of Disbursement or Obligation
07 / 15 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Xavier Miller
Mailing Address
407 randall Dr
City
Searcy State
AR Zip Code
72143
Date of Public Distribution/Dissemination
07 / 14 / 2014
Amount
70.00
Transaction ID : 868d409d-ae09-42e2-a
Date of Disbursement or Obligation
07 / 14 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 130.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Anthony Pearson
Mailing Address: 112 apache Dr
City: Search State: AR Zip Code: 72149
Purpose of Expenditure: Salary Category/Type: 001
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 65.00
Transaction ID: b02442af-9ca3-4b19-b
Name of Federal Candidate: Mr. Mark L Pryor
Office Sought: Senate State: AR
Disbursement For: General 2014

Full Name of Payee: Anthony Pearson
Mailing Address: 112 apache Dr
City: Search State: AR Zip Code: 72149
Purpose of Expenditure: Mileage Category/Type: 002
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 25.05
Transaction ID: b3614e88-69ef-4ef0-9
Name of Federal Candidate: Mr. Mark L Pryor
Office Sought: Senate State: AR
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 90.05
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015

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: Theresa Burkhart
Mailing Address: 3126 Chester Ct
City: Metairie, State: LA, Zip Code: 70006
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 70.00
Transaction ID: 3554ec25-6daa-4757-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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Reagan Brackett
Mailing Address: 502 E Center Ave
City: Searcy, State: AR, Zip Code: 72143
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 50.00
Transaction ID: bf8d162f-c0b6-4aff-9
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 120.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Reagan Brackett
Mailing Address: 502 E Center Ave
City: Searcy, State: AR, Zip Code: 72143
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 69.30
Transaction ID: bc3db9fd-2bb0-4ac9-a
Date of Disbursement or Obligation: 07/15/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

Full Name of Payee: Charity Zerbel
Mailing Address: 804 Mary Ave
City: Neosho, State: MO, Zip Code: 64850
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/15/2014
Amount: 90.00
Transaction ID: cf959fdc-c394-47c6-a
Date of Disbursement or Obligation: 07/15/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 159.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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
Charity Zerbel
Mailing Address
804 Mary Ave
City
Neosho State
MO Zip Code
64850
Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
3.90
Transaction ID : 7500c5d2-d810-44f3-9
Purpose of Expenditure
Mileage Category/
Type 002
Date of Disbursement or Obligation
07 / 15 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose Office Sought:
House Senate State:
AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
James Antonetz
Mailing Address
11127 Gila Valley Dr
City
Little Rock State
AR Zip Code
72212
Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
25.00
Transaction ID : cf85482c-9b0f-4d7e-a
Purpose of Expenditure
Salary Category/
Type 001
Date of Disbursement or Obligation
07 / 15 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose Office Sought:
House Senate State:
AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 28.90
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
James Antonetz
Mailing Address
11127 Gila Valley Dr
City
Little Rock State
AR Zip Code
72212
Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
3.60
Transaction ID : 06547de7-4502-4ff9-b
Date of Disbursement or Obligation
07 / 15 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Cassidy Quartararo
Mailing Address
632 Cameron Court
City
Kenner State
LA Zip Code
70065
Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
70.00
Transaction ID : 71daa387-59de-4963-b
Date of Disbursement or Obligation
07 / 15 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 73.60
(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 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Cassidy Quartararo</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 15 / 2014
Mailing Address 632 Cameron Court	Amount <span style="border: 1px solid black; padding: 2px;">8.19</span>
City State Zip Code Kenner LA 70065	<b>Transaction ID : 46b418c2-3ceb-4ff2-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 15 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Taylor N Randall</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 15 / 2014
Mailing Address 2002 E Park Ave Apt 40	Amount <span style="border: 1px solid black; padding: 2px;">45.00</span>
City State Zip Code Searcy AR 72143	<b>Transaction ID : 5744f282-808c-4ca3-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 15 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Mr. Mark L Pryor	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">53.19</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

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
Taylor N Randall
Mailing Address
2002 E Park Ave
Apt 40
City
Searcy State
AR Zip Code
72143
Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
3.21
Transaction ID : c6c4489b-50a3-4b5e-8
Date of Disbursement or Obligation
07 / 15 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Cory Bryson
Mailing Address
216 Dogwood Ln
City
Belmont State
NC Zip Code
28012
Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
90.00
Transaction ID : e565d885-1377-4f17-9
Date of Disbursement or Obligation
07 / 15 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 93.21
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Cory Bryson
Mailing Address
216 Dogwood Ln
City
Belmont State
NC Zip Code
28012
Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
25.80
Transaction ID : e1a5c133-899a-41c4-a
Date of Disbursement or Obligation
07 / 15 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Earl Stewart
Mailing Address
9455 Snow Camp Road
City
Snowcamp State
NC Zip Code
27349
Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
90.00
Transaction ID : 689e44b1-a11b-4708-b
Date of Disbursement or Obligation
07 / 15 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 115.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Darius Beverly
Mailing Address
157 Bishop Drive
City
Avondale State
LA Zip Code
70094
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
45.00
Transaction ID : 4373408c-aa8d-43ed-b
Date of Disbursement or Obligation
07 / 15 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Ms. Dinah Beverly
Mailing Address
157 Bishop Drive
City
Avondale State
LA Zip Code
70064
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
45.00
Transaction ID : a14c1fb0-d622-44c7-8
Date of Disbursement or Obligation
07 / 15 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 90.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Ms. Dinah Beverly</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 15 / 2014
Mailing Address 157 Bishop Drive	Amount <span style="border: 1px solid black; padding: 2px;">. . . . .</span> 4.80
City Avondale	State LA
Zip Code 70064	<b>Transaction ID : 079114fd-f9b1-4143-8</b>
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">. . . . .</span> 002
Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 15 / 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 <span style="border: 1px solid black; padding: 2px;">. . . . .</span> 554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Laura U Logie</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 15 / 2014
Mailing Address 2565 Shire Circle	Amount <span style="border: 1px solid black; padding: 2px;">. . . . .</span> 32.50
City Harrisonburg	State VA
Zip Code 22801	<b>Transaction ID : 8beb467c-9163-4256-a</b>
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">. . . . .</span> 001
Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 15 / 2014	Name of Federal Candidate Ms. Kay Hagan
<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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">. . . . .</span> 1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">. . . . .</span> 37.30
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;">. . . . .</span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">. . . . .</span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

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 Ms. Tonya Boyd
Mailing Address 2357 Fancy Cap Rd
City Mt. Airy State NC Zip Code 27030
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/14/2014
Amount 80.00
Transaction ID : 6c31316b-ee1b-4121-8
Date of Disbursement or Obligation 07/14/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Disbursement For: Primary General 2014

Full Name of Payee Ms. Tonya Boyd
Mailing Address 2357 Fancy Cap Rd
City Mt. Airy State NC Zip Code 27030
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/14/2014
Amount 11.34
Transaction ID : 438e6c2c-6b07-4c4a-9
Date of Disbursement or Obligation 07/14/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 91.34
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Xavier Miller
Mailing Address
407 randall Dr
City
Searcy State
AR Zip Code
72143
Date of Public Distribution/Dissemination
07 / 14 / 2014
Amount
30.00
Transaction ID : d8539f52-2a30-4f8a-9
Date of Disbursement or Obligation
07 / 14 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Bradley K Kissinger
Mailing Address
3113 Imperial Valley Dr.
City
Little Rock State
AR Zip Code
72212
Date of Public Distribution/Dissemination
07 / 16 / 2014
Amount
50.00
Transaction ID : 8dfd4a42-9e22-4186-b
Date of Disbursement or Obligation
07 / 16 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 80.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Bradley K Kissinger</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3113 Imperial Valley Dr.		Amount <input type="text"/>
City Little Rock	State AR	Zip Code 72212
Purpose of Expenditure Mileage	Category/Type <input type="text"/>	Transaction ID : <b>0b0aa190-6b8a-4e76-a</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Lorri Anderson</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 7214 Duchamp Dr		Amount <input type="text"/>
City Charlotte	State NC	Zip Code 23215
Purpose of Expenditure Salary	Category/Type <input type="text"/>	Transaction ID : <b>2bcc2974-5949-4f5b-8</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<input type="text"/>	<b>26.30</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<input type="text"/>	
(c) <b>TOTAL</b> 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 [Electronically Filed] Date  /  /

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> 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 <b>Lorri Anderson</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>                      07 / 16 / 2014                 </div>
Mailing Address 7214 Duchamp Dr	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     2.40                 </div>
City State Zip Code Charlotte NC 23215	<b>Transaction ID : c4c72d08-c18a-4d89-9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>                      07 / 16 / 2014                 </div>
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;">                     002                 </div>
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     1095959.94                 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>James Kindstedt</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>                      07 / 16 / 2014                 </div>
Mailing Address 5510 Dogwood Dr	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     22.50                 </div>
City State Zip Code Winston Salem NC 27105	<b>Transaction ID : de0899bc-f27f-4f12-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>                      07 / 16 / 2014                 </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;">                     001                 </div>
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     1095959.94                 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     24.90                 </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     0.00                 </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">                     24.90                 </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  
 05 / 14 / 2015

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
James Kindstedt
Mailing Address
5510 Dogwood Dr
City
Winston Salem State
NC Zip Code
27105
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 16 / 2014
Amount
12.96
Transaction ID : bb407cc3-db32-433c-b
Date of Disbursement or Obligation
07 / 16 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Luke T Waltermire
Mailing Address
107 S Grist Mill Rd
City
Hampstead State
NC Zip Code
28443
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 16 / 2014
Amount
30.00
Transaction ID : f301dae7-c588-402c-9
Date of Disbursement or Obligation
07 / 16 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 42.96
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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 Luke T Waltermire
Mailing Address 107 S Grist Mill Rd
City Hampstead State NC Zip Code 28443
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07 / 16 / 2014
Amount 14.70
Transaction ID : 5f24ecb1-88f4-4538-a
Date of Disbursement or Obligation 07 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan
Office Sought: Senate State: NC
Disbursement For: General 2014

Full Name of Payee Joanna Kindstedt
Mailing Address 2134 Tobaccoville Rd
City Rural Hall State NC Zip Code 27045
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07 / 16 / 2014
Amount 22.50
Transaction ID : 490c341c-2a32-44f2-b
Date of Disbursement or Obligation 07 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan
Office Sought: Senate State: NC
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 37.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Anthony Buchanan
Mailing Address
1090 McHone Rd
City
Spruce Pine State
NC Zip Code
28777
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 16 / 2014
Amount
70.00
Transaction ID : d5634261-f4eb-45a0-9
Date of Disbursement or Obligation
07 / 16 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Virginia M Stevens
Mailing Address
1691 Fork Mtn Rd
City
Bakersville State
NC Zip Code
28705
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 16 / 2014
Amount
60.00
Transaction ID : f6fef83-82b4-47dd-8
Date of Disbursement or Obligation
07 / 16 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 130.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Virginia M Stevens</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 16 / 2014</b>	
Mailing Address 1691 Fork Mtn Rd		Amount <b>12.60</b>	
City <b>Bakersville</b>	State <b>NC</b>	Zip Code <b>28705</b>	Transaction ID : <b>2863e274-289e-43f7-8</b>
Purpose of Expenditure Mileage		Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 16 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Solveig Lysne</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 16 / 2014</b>	
Mailing Address 7121 Oyster Lane		Amount <b>11.70</b>	
City <b>Wilmington</b>	State <b>NC</b>	Zip Code <b>28411</b>	Transaction ID : <b>6fd3dc5e-9988-4279-9</b>
Purpose of Expenditure Salary		Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 16 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>24.30</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

*Ms. Emily Buchanan*

*[Electronically Filed]*

Date **05 / 14 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> 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	M M M / D D D / Y Y Y Y Y Y	M M M / D D D / Y Y Y Y Y Y

Full Name of Payee <b>Solveig Lysne</b>			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014		
Mailing Address 7121 Oyster Lane			Amount 5.64		
City Wilmington	State NC	Zip Code 28411	<b>Transaction ID : 50814189-b3a6-4bc9-b</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014		
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00	State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Felice Barrett</b>			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014		
Mailing Address 1588 Asbury			Amount 30.00		
City Springdale	State AR	Zip Code 72762	<b>Transaction ID : 4e6c2951-8196-4a1c-9</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 16 / 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00	State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	35.64
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 0 2px;">C</span> 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 <b>Felice Barrett</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 16 / 2014</b>	
Mailing Address 1588 Asbury		Amount <b>9.30</b>	
City Springdale	State AR	Zip Code 72762	<b>Transaction ID : 09a0378a-5114-4815-a</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 16 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Jonathan Odette</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 16 / 2014</b>	
Mailing Address 9600 Earpsboro Chamblee Road		Amount <b>50.00</b>	
City Wendell	State NC	Zip Code 27591	<b>Transaction ID : dfd32b06-a1f4-4110-8</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 16 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>59.30</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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
Jonathan Odette
Mailing Address
9600 Earpsboro Chamblee Road
City State Zip Code
Wendell NC 27591
Purpose of Expenditure
Mileage Category/Type 002
Date of Public Distribution/Dissemination
07 / 16 / 2014
Amount
10.80
Transaction ID : ec39661c-cbe3-46b4-b
Date of Disbursement or Obligation
07 / 16 / 2014
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014

Full Name of Payee
Amanda Boley
Mailing Address
Split Oak Drive
City State Zip Code
charlotte NC 28227
Purpose of Expenditure
Salary Category/Type 001
Date of Public Distribution/Dissemination
07 / 16 / 2014
Amount
64.50
Transaction ID : f8b7dfbe-ff49-4f4d-b
Date of Disbursement or Obligation
07 / 16 / 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 554635.78
Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 75.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C C00530766</b>
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 <b>Amanda Boley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 16 / 2014</b>
Mailing Address <b>Split Oak Drive</b>		Amount <b>36.87</b>
City <b>charlotte</b>	State <b>NC</b>	Zip Code <b>28227</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Transaction ID : <b>e7d9a6f0-2088-4ff0-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 16 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Theresa Burkhart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 16 / 2014</b>
Mailing Address <b>3126 Chester Ct</b>		Amount <b>50.00</b>
City <b>Metairie</b>	State <b>LA</b>	Zip Code <b>70006</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>3bbe4a5-782e-454f-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 16 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>86.87</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date **05 / 14 / 2015**

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>David Ford</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 16 / 2014</b>
Mailing Address 106 Hillside St	Amount <b>62.50</b>
City State Zip Code Spindale NC 28160	<b>Transaction ID : 4b828bce-3bac-47cc-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 16 / 2014</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>David Ford</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 16 / 2014</b>
Mailing Address 106 Hillside St	Amount <b>7.02</b>
City State Zip Code Spindale NC 28160	<b>Transaction ID : 35f42246-d6b3-4ff0-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 16 / 2014</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>69.52</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      **[Electronically Filed]**      Date **05 / 14 / 2015**

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
Caleb Craig

Mailing Address 1410 Bushville drive

City Lenoir State NC Zip Code 28645

Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination
07 / 16 / 2014

Amount 50.00
Transaction ID : 578d2c45-3d56-4d3c-9

Date of Disbursement or Obligation
07 / 16 / 2014

Name of Federal Candidate Ms. Kay Hagan
Support Oppose

Office Sought: House District: 00
Senate State: NC

Calendar Year-To-Date Per Election for Office Sought 1095959.94

Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Caleb Craig

Mailing Address 1410 Bushville drive

City Lenoir State NC Zip Code 28645

Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination
07 / 16 / 2014

Amount 6.00
Transaction ID : ef61ce1e-a2be-4b0b-a

Date of Disbursement or Obligation
07 / 16 / 2014

Name of Federal Candidate Ms. Kay Hagan
Support Oppose

Office Sought: House District: 00
Senate State: NC

Calendar Year-To-Date Per Election for Office Sought 1095959.94

Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 56.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Ralphie Lockhart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 16 / 2014</b>
Mailing Address 6310 Col Glenn Rd		Amount <b>30.00</b>
City Little Rock	State AR	Zip Code 72204
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : <b>86ae7595-9a12-4267-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 16 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought	<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Sharon Lloyd</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 16 / 2014</b>
Mailing Address 4301 Lankford		Amount <b>30.00</b>
City Springdale	State AR	Zip Code 72762
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : <b>c8748bf8-721a-45c4-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 16 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought	<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>60.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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
Sharon Lloyd

Date of Public Distribution/Dissemination
07 / 16 / 2014

Mailing Address
4301 Lankford

Amount
1.20
Transaction ID : fbdcc7767-7055-4e3d-a

City State Zip Code
Springdale AR 72762

Date of Disbursement or Obligation
07 / 16 / 2014

Purpose of Expenditure
Mileage
Category/Type
002

Name of Federal Candidate
Mr. Mark L Pryor
Support Oppose

Office Sought: House Senate
District: 00
State: AR

Calendar Year-To-Date
Per Election for Office Sought
292370.62

Disbursement For: Primary General
2014

Full Name of Payee
Damian B Robinson

Date of Public Distribution/Dissemination
07 / 16 / 2014

Mailing Address
701 Green Mountain Dr
Apt 1312

Amount
30.00
Transaction ID : 664c0107-0769-4330-b

City State Zip Code
Little Rock AR 72211

Date of Disbursement or Obligation
07 / 16 / 2014

Purpose of Expenditure
Salary
Category/Type
001

Name of Federal Candidate
Mr. Mark L Pryor
Support Oppose

Office Sought: House Senate
District: 00
State: AR

Calendar Year-To-Date
Per Election for Office Sought
292370.62

Disbursement For: Primary General
2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 31.20

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

(c) TOTAL Independent Expenditures.....

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Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Damian B Robinson</b>		
Mailing Address 701 Green Mountain Dr Apt 1312		
City Little Rock	State AR	Zip Code 72211
Purpose of Expenditure Mileage		Category/ Type 002
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		292370.62

Date of Public Distribution/Dissemination 07 / 16 / 2014
Amount 13.50
Transaction ID : fbede7a7-14d6-42d9-a
Date of Disbursement or Obligation 07 / 16 / 2014
Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Larry Freeman</b>		
Mailing Address 11214 Mesa drive		
City Little rock	State AR	Zip Code 72211
Purpose of Expenditure Salary		Category/ Type 001
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		292370.62

Date of Public Distribution/Dissemination 07 / 16 / 2014
Amount 30.00
Transaction ID : 2c155b95-e701-4fde-9
Date of Disbursement or Obligation 07 / 16 / 2014
Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	43.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Ms. Ashlen Sandoz</b>		Date of Public Distribution/Dissemination 07 / 16 / 2014	
Mailing Address 204 Ranger Place		Amount 15.00	
City Slidell	State LA	Zip Code 70115	Transaction ID : 4fad4925-02ef-4b08-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation 07 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Danielle Landry</b>		Date of Public Distribution/Dissemination 07 / 16 / 2014	
Mailing Address 1089 Oleste Tauzin Road		Amount 21.50	
City Breaux Bridge	State LA	Zip Code 70517	Transaction ID : 2328454f-bd92-4290-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation 07 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	36.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015

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
Danielle Landry

Date of Public Distribution/Dissemination
07 / 16 / 2014

Mailing Address
1089 Oleste Tauzin Road

Amount
7.80
Transaction ID : 1f814a84-552e-402e-9

City State Zip Code
Breux Bridge LA 70517

Date of Disbursement or Obligation
07 / 16 / 2014

Purpose of Expenditure
Mileage
Category/Type
002

Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose

Office Sought: House Senate
District: 00
State: LA

Calendar Year-To-Date
Per Election for Office Sought
554635.78

Disbursement For: Primary General
2014
Other (specify)

Full Name of Payee
Ralph Smith

Date of Public Distribution/Dissemination
07 / 16 / 2014

Mailing Address
2090 Fancy Gap Rd

Amount
25.00
Transaction ID : e20bec0a-7d38-423d-b

City State Zip Code
Mt. Airy NC 27030

Date of Disbursement or Obligation
07 / 16 / 2014

Purpose of Expenditure
Salary
Category/Type
001

Name of Federal Candidate
Ms. Kay Hagan
Support Oppose

Office Sought: House Senate
District: 00
State: NC

Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Disbursement For: Primary General
2014
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 32.80
(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 05 / 14 / 2015
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
Ralph Smith
Mailing Address
2090 Fancy Gap Rd
City
Mt. Airy State
NC Zip Code
27030
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 16 / 2014
Amount
4.65
Transaction ID : ee6475d4-b654-47f8-a
Date of Disbursement or Obligation
07 / 16 / 2014
Office Sought:
House District: 00
President Senate State: NC
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Lily Green
Mailing Address
205 Medallion Circle
City
Shreveport State
LA Zip Code
71119
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 16 / 2014
Amount
40.00
Transaction ID : 7c793251-507c-4091-b
Date of Disbursement or Obligation
07 / 16 / 2014
Office Sought:
House District: 00
President Senate State: LA
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 44.65
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		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 <b>Lily Green</b>		Date of Public Distribution/Dissemination 07 / 16 / 2014
Mailing Address 205 Medallion Circle		Amount 12.60
City Shreveport	State LA	Zip Code 71119
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : <b>7c2861ca-54c2-4732-b</b> Date of Disbursement or Obligation 07 / 16 / 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	554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Barbara A Williams</b>		Date of Public Distribution/Dissemination 07 / 16 / 2014
Mailing Address 3002 Darden Rd Apt A		Amount 47.00
City Greensboro	State NC	Zip Code 27407
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : <b>1c58a611-d64e-4763-8</b> Date of Disbursement or Obligation 07 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	59.60
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015



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
Elizabeth M Woodard
Mailing Address
982 W Eagle St
Apt 8
City
Fayetteville State
AR Zip Code
72701
Purpose of Expenditure
Salary Category/
Type 001

Date of Public Distribution/Dissemination
07 / 16 / 2014
Amount
15.00
Transaction ID : a8520faf-7657-4b36-9
Date of Disbursement or Obligation
07 / 16 / 2014

Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Office Sought:
House
Senate
District: 00
State: AR

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Elizabeth M Woodard
Mailing Address
982 W Eagle St
Apt 8
City
Fayetteville State
AR Zip Code
72701
Purpose of Expenditure
Mileage Category/
Type 002

Date of Public Distribution/Dissemination
07 / 16 / 2014
Amount
6.60
Transaction ID : 4f174191-5088-4d6b-9
Date of Disbursement or Obligation
07 / 16 / 2014

Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Office Sought:
House
Senate
District: 00
State: AR

Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 21.60
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Matthew Manuel
Mailing Address: 1392 Lee Street
City: Ville Platte, State: LA, Zip Code: 70586
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/16/2014
Amount: 30.00
Transaction ID: b0ac6fbf-f54f-4f61-9
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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Matthew Manuel
Mailing Address: 1392 Lee Street
City: Ville Platte, State: LA, Zip Code: 70586
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/16/2014
Amount: 14.40
Transaction ID: 4b771995-a149-46f9-9
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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 44.40
(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 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C C00530766</b>	
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 <b>Sean B Hicks</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 16 / 2014</b>	
Mailing Address <b>44 McDowell Drive</b>		Amount <b>40.00</b>	
City <b>Wake Forest</b>	State <b>NC</b>	Zip Code <b>27587</b>	Transaction ID : <b>996a1dbf-fc68-4663-9</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 16 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Sean B Hicks</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 16 / 2014</b>	
Mailing Address <b>44 McDowell Drive</b>		Amount <b>2.40</b>	
City <b>Wake Forest</b>	State <b>NC</b>	Zip Code <b>27587</b>	Transaction ID : <b>2a163309-c28c-4b17-b</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 16 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>42.40</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
**05 / 14 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Ethan Cranford</b>			Date of Public Distribution/Dissemination 07 / 16 / 2014		
Mailing Address 2012 Caleb Drive			Amount 20.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 6ec24462-81ef-41f3-b Date of Disbursement or Obligation 07 / 16 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Ethan Cranford</b>			Date of Public Distribution/Dissemination 07 / 16 / 2014		
Mailing Address 2012 Caleb Drive			Amount 79.11		
City Searcy	State AR	Zip Code 72143	Transaction ID : b482f8b3-32ea-4078-9 Date of Disbursement or Obligation 07 / 16 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	99.11
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015

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: Phillip Williams
Mailing Address: 3007 Darden Rd
City: Greensboro, State: NC, Zip Code: 27407
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/16/2014
Amount: 57.50
Transaction ID: 61e46a9a-76ff-4e56-a
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Phillip Williams
Mailing Address: 3007 Darden Rd
City: Greensboro, State: NC, Zip Code: 27407
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/16/2014
Amount: 9.60
Transaction ID: ac9df2ba-d92c-46eb-9
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 67.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name of Payee <b>Beverly Williams</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 3007 Darden Rd			Amount <input type="text"/>		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 803cf4d5-206d-4ae0-9		
Purpose of Expenditure Salary		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate Ms. Kay Hagan		<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: NC		
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 <b>Dylan Simon</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 111 Millrock Drive			Amount <input type="text"/>		
City Lafayette	State LA	Zip Code 70508	Transaction ID : 8181c631-39b3-4c9b-9		
Purpose of Expenditure Salary		Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
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 <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<input type="text"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<input type="text"/>
(c) <b>TOTAL</b> 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 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Dylan Simon
Mailing Address: 111 Millrock Drive
City: Lafayette, State: LA, Zip Code: 70508
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/16/2014
Amount: 15.12
Transaction ID: 0b8e9efb-6d52-49fa-9
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: Dylan Simon
Mailing Address: 111 Millrock Drive
City: Lafayette, State: LA, Zip Code: 70508
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/16/2014
Amount: 51.67
Transaction ID: dd335298-e5d1-4ae2-9
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: 66.79
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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 Dylan Simon
Mailing Address 111 Millrock Drive
City Lafayette State LA Zip Code 70508
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landriau
Calendar Year-To-Date Per Election for Office Sought 554635.78

Full Name of Payee Petrina Williams
Mailing Address 3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan
Calendar Year-To-Date Per Election for Office Sought 1095959.94

(a) SUBTOTAL of Itemized Independent Expenditures 65.12
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Petrina Williams</b>		Date of Public Distribution/Dissemination <b>07 / 16 / 2014</b>
Mailing Address 3007 Darden Rd		Amount <b>8.40</b>
City Greensboro	State NC	Zip Code 27407
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Transaction ID : <b>55c78372-81dc-4d22-9</b> Date of Disbursement or Obligation <b>07 / 16 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Erika Burfield</b>		Date of Public Distribution/Dissemination <b>07 / 16 / 2014</b>
Mailing Address 2939 Country Club Drive		Amount <b>35.00</b>
City Hampstead	State NC	Zip Code 28443
Purpose of Expenditure Salary	Category/Type <b>001</b>	Transaction ID : <b>4dc23ec0-e4fd-4d68-b</b> Date of Disbursement or Obligation <b>07 / 16 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>43.40</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan* [Electronically Filed] Date **05 / 14 / 2015**

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 0 2px;">C</span> 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 <b>Erika Burfield</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 16 / 2014</b>	
Mailing Address 2939 Country Club Drive		Amount <b>4.20</b>	
City Hampstead	State NC	Zip Code 28443	<b>Transaction ID : bc9d9bdb-9dec-419a-b</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 16 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Lesley Lennox</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 16 / 2014</b>	
Mailing Address 2305 Cleary Ave		Amount <b>20.00</b>	
City Metairie	State LA	Zip Code 70001	<b>Transaction ID : f4df22f6-96ed-4ee2-b</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 16 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>24.20</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/16/2014
Amount: 1.50
Transaction ID: 782e6742-98a0-4a84-9
Date of Disbursement or Obligation: 07/16/2014
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: 554635.78

Full Name of Payee: Julie Clifton
Mailing Address: 712 St. Martin Lane
City: Bossier City, State: LA, Zip Code: 71111
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/16/2014
Amount: 15.60
Transaction ID: e1b9d2c7-328b-4f41-a
Date of Disbursement or Obligation: 07/16/2014
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: 554635.78

(a) SUBTOTAL of Itemized Independent Expenditures: 17.10
(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: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Julie Clifton</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 16 / 2014</b>	
Mailing Address 712 St. Martin Lane		Amount <b>3.15</b>	
City Bossier City	State LA	Zip Code 71111	<b>Transaction ID : 01fb237c-9128-4f58-a</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 <b>07 / 16 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Timothy Foley</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 16 / 2014</b>	
Mailing Address 20679 Glenbrook Terrace		Amount <b>105.00</b>	
City Sterling	State VA	Zip Code 20165	<b>Transaction ID : c027a873-228a-4344-8</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 <b>07 / 16 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>108.15</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Andrew Shiver</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 16 / 2014</b>
Mailing Address 110 Earlston Ct	Amount <b>50.00</b>
City State Zip Code <b>Knightdale NC 27545</b>	<b>Transaction ID : 2020187b-5afc-497f-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 16 / 2014</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Andrew Shiver</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 16 / 2014</b>
Mailing Address 110 Earlston Ct	Amount <b>20.40</b>
City State Zip Code <b>Knightdale NC 27545</b>	<b>Transaction ID : bb9d6422-ed37-4794-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 16 / 2014</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>70.40</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      **[Electronically Filed]**      Date **05 / 14 / 2015**

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
Mr. Alex Peyton
Mailing Address
859 Hicks Rd
City
Washington State
LA Zip Code
70589
Purpose of Expenditure
Salary Category/Type
001

Date of Public Distribution/Dissemination
07 / 16 / 2014
Amount
40.00
Transaction ID : 0bd47542-b7fb-4a3a-9
Date of Disbursement or Obligation
07 / 16 / 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)
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Full Name of Payee
Mr. Alex Peyton
Mailing Address
859 Hicks Rd
City
Washington State
LA Zip Code
70589
Purpose of Expenditure
Mileage Category/Type
002

Date of Public Distribution/Dissemination
07 / 16 / 2014
Amount
22.50
Transaction ID : 095b3516-9e15-4afd-9
Date of Disbursement or Obligation
07 / 16 / 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)
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures: 62.50. Row (b) SUBTOTAL of Unitemized Independent Expenditures. Row (c) TOTAL Independent Expenditures.

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05 / 14 / 2015

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 Sarinda S Dudley
Mailing Address 4367 Splitlog Rd
City Goodman State MO Zip Code 64843
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/16/2014
Amount 80.00
Transaction ID : 8cabe4ec-b04b-4ccb-a
Date of Disbursement or Obligation 07/16/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Sarinda S Dudley
Mailing Address 4367 Splitlog Rd
City Goodman State MO Zip Code 64843
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/16/2014
Amount 27.90
Transaction ID : e6f79dd4-63dc-4c24-a
Date of Disbursement or Obligation 07/16/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 107.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Donna Barrette</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 16 / 2014</b>	
Mailing Address 724 Harris Avenue		Amount <b>50.00</b>	
City Harahan	State LA	Zip Code 70123	<b>Transaction ID : a4cb908f-8927-475e-8</b>
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 16 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Donna Barrette</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 16 / 2014</b>	
Mailing Address 724 Harris Avenue		Amount <b>1.50</b>	
City Harahan	State LA	Zip Code 70123	<b>Transaction ID : bbf4beb0-d344-429b-8</b>
Purpose of Expenditure Mileage	Category/ Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 16 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>51.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**



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: Alexa S Dudley
Mailing Address: 4367 Splitlog Rd
City: Goodman, State: MO, Zip Code: 64843
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/16/2014
Amount: 80.00
Transaction ID: bb53c597-cf47-4029-9
Date of Disbursement or Obligation: 07/16/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Taylor N Randall
Mailing Address: 2002 E Park Ave, Apt 40
City: Searcy, State: AR, Zip Code: 72143
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/16/2014
Amount: 60.00
Transaction ID: 738aff17-c85d-4b76-a
Date of Disbursement or Obligation: 07/16/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] 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 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Francesca Blom</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 16 / 2014</b>	
Mailing Address 101 Asbury Ct		Amount <b>80.00</b>	
City Winchester	State VA	Zip Code 22602	Transaction ID : <b>fd3bb449-2a24-4ca2-a</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 16 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>James Antonetz</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 16 / 2014</b>	
Mailing Address 11127 Gila Valley Dr		Amount <b>65.00</b>	
City Little Rock	State AR	Zip Code 72212	Transaction ID : <b>5ed73415-8a34-4f5d-8</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 16 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>145.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Ms. Emily Buchanan [Electronically Filed] Date **05 / 14 / 2015**

Signature

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee <b>James Antonetz</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 11127 Gila Valley Dr		Amount <input type="text"/>	
City Little Rock	State AR	Zip Code 72212	Transaction ID : <b>c95bdb3-ae15-4b13-b</b>
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 292370.62		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Cassidy Quartararo</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 632 Cameron Court		Amount <input type="text"/>	
City Kenner	State LA	Zip Code 70065	Transaction ID : <b>1af6fae8-08d6-422b-9</b>
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 554635.78		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<input type="text"/> 68.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<input type="text"/>
(c) <b>TOTAL</b> 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.

Signature Ms. Emily Buchanan [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 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Cassidy Quartararo
Date of Public Distribution/Dissemination
07 / 16 / 2014
Mailing Address
632 Cameron Court
Amount
8.46
City
Kenner State
LA Zip Code
70065
Transaction ID : 9191b59c-fcb4-4be5-a
Purpose of Expenditure
Mileage Category/ Type
002
Date of Disbursement or Obligation
07 / 16 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Mr. Roger McKinney
Date of Public Distribution/Dissemination
07 / 16 / 2014
Mailing Address
308 West Main Street
Amount
80.00
City
Pilot Mountain State
NC Zip Code
27041
Transaction ID : 2093b201-9acb-4c57-9
Purpose of Expenditure
Salary Category/ Type
001
Date of Disbursement or Obligation
07 / 16 / 2014
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 88.46
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Mr. Roger McKinney</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 16 / 2014
Mailing Address 308 West Main Street	Amount <span style="border: 1px solid black; padding: 2px;">14.43</span>
City Pilot Mountain State NC Zip Code 27041	<b>Transaction ID : f804f8af-0ca2-432a-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 16 / 2014
Purpose of Expenditure Mileage Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Name of Federal Candidate Ms. Kay Hagan <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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Glenda McKinney</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 16 / 2014
Mailing Address 308 West Main Street	Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>
City Plot Mountain State NC Zip Code 27041	<b>Transaction ID : 0f864563-3659-4301-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 16 / 2014
Purpose of Expenditure Salary Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Name of Federal Candidate Ms. Kay Hagan <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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">94.43</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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 05 / 14 / 2015

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: Francis Richardson
Mailing Address: 220 Doucet Rd
City: Lafayette, State: LA, Zip Code: 70503
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/16/2014
Amount: 30.00
Transaction ID: 4456ef21-5df1-4d88-8
Date of Disbursement or Obligation: 07/16/2014
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: 554635.78

Full Name of Payee: Francis Richardson
Mailing Address: 220 Doucet Rd
City: Lafayette, State: LA, Zip Code: 70503
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/16/2014
Amount: 2.43
Transaction ID: 477df23b-5929-46d4-9
Date of Disbursement or Obligation: 07/16/2014
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: 554635.78

(a) SUBTOTAL of Itemized Independent Expenditures: 32.43
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Rebecca Deucher</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 16 / 2014</b>
Mailing Address 4800 Vass Carthage Rd		Amount <b>30.00</b>
City Carthage	State NC	Zip Code 28394
Purpose of Expenditure Salary		Transaction ID : <b>09e846f9-4eca-49eb-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 16 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		Category/Type <b>001</b>
<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Rebecca Deucher</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 16 / 2014</b>
Mailing Address 4800 Vass Carthage Rd		Amount <b>4.80</b>
City Carthage	State NC	Zip Code 28394
Purpose of Expenditure Mileage		Transaction ID : <b>994a8e80-ff8d-4e42-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 16 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan		Category/Type <b>002</b>
<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>34.80</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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: Bradley K Kissinger
Mailing Address: 3113 Imperial Valley Dr.
City: Little Rock, State: AR, Zip Code: 72212
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/16/2014
Amount: 30.00
Transaction ID: 4b583c24-a367-4aa6-b
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Bradley K Kissinger
Mailing Address: 3113 Imperial Valley Dr.
City: Little Rock, State: AR, Zip Code: 72212
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/16/2014
Amount: 3.60
Transaction ID: 8739d5c8-a929-46c5-8
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 33.60
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015



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 Brandy Starns
Mailing Address 300 Evangeline St
City Monroe State LA Zip Code 71201
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/16/2014
Amount 30.00
Transaction ID : e29565fd-8f9f-4de2-b
Date of Disbursement or Obligation 07/16/2014
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 Brandy Starns
Mailing Address 300 Evangeline St
City Monroe State LA Zip Code 71201
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/16/2014
Amount 3.30
Transaction ID : 804af981-1693-4e86-a
Date of Disbursement or Obligation 07/16/2014
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 33.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Name of Federal Candidate
Ms. Mary L Landrieu
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 16 / 2014
Amount
30.00
Transaction ID : bf1dc6dd-2f05-454b-a
Date of Disbursement or Obligation
07 / 16 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify)

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
Name of Federal Candidate
Ms. Mary L Landrieu
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 16 / 2014
Amount
3.60
Transaction ID : 2e022323-ebef-43f7-9
Date of Disbursement or Obligation
07 / 16 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 33.60
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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: Reagan Brackett
Mailing Address: 502 E Center Ave
City: Searcy, State: AR, Zip Code: 72143
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/16/2014
Amount: 60.00
Transaction ID: f9f84aca-1bfe-46ee-a
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Amelia Brackett
Mailing Address: 804 Roundabout Circle
City: Searcy, State: AR, Zip Code: 72143
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/16/2014
Amount: 60.00
Transaction ID: 97ac444b-3b64-4c45-9
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 120.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 16 / 2014</b>	
Mailing Address 6412 Osage Dr		Amount 11.79	
City North Little rock	State AR	Zip Code 72116	Transaction ID : <b>86a8b1fd-b414-439b-9</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 16 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lisa Booth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 16 / 2014</b>	
Mailing Address 1434 South Avenue		Amount 90.00	
City Eden	State NC	Zip Code 27288	Transaction ID : <b>54f56ffb-acf9-4c89-b</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 16 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	101.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan [Electronically Filed] Date **05 / 14 / 2015**  
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Lisa Booth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 16 / 2014</b>
Mailing Address <b>1434 South Avenue</b>		Amount <b>13.80</b>
City <b>Eden</b>	State <b>NC</b>	Zip Code <b>27288</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Transaction ID : <b>774e79-6916-4bba-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 16 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought	<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Tarrin Lesaicherre</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 16 / 2014</b>
Mailing Address <b>629 Radianc Ave</b>		Amount <b>70.00</b>
City <b>Metairie</b>	State <b>LA</b>	Zip Code <b>70001</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>49d8fca2-c321-4a35-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 16 / 2014</b>
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought	<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>83.80</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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: Tarrin Lesaicherre
Mailing Address: 629 Radiance Ave
City: Metairie, State: LA, Zip Code: 70001
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/16/2014
Amount: 3.60
Transaction ID: 77531e09-f41c-4323-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: 554635.78

Full Name of Payee: Diane Smith
Mailing Address: 4006 Wolkswalk Place
City: Raleigh, State: NC, Zip Code: 27610
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/16/2014
Amount: 30.00
Transaction ID: b75aa5f0-1540-4f68-8
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate, State: NC
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 1095959.94

(a) SUBTOTAL of Itemized Independent Expenditures: 33.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Diane Smith</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 16 / 2014
Mailing Address 4006 Wolkswalk Place	Amount <span style="border: 1px solid black; padding: 2px;">9.30</span>
City State Zip Code Raleigh NC 27610	<b>Transaction ID : 6c8f1c4e-7037-40cf-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 16 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Kay Hagan	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Anthony Pearson</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 16 / 2014
Mailing Address 112 apache Dr	Amount <span style="border: 1px solid black; padding: 2px;">75.00</span>
City State Zip Code Search AR 72149	<b>Transaction ID : 4557fe91-d0fb-4869-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 16 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Mr. Mark L Pryor	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">84.30</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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  
**Anthony Pearson**

Mailing Address 112 apache Dr

City State Zip Code  
Search AR 72149

Purpose of Expenditure  
Mileage

Name of Federal Candidate  
Mr. Mark L Pryor

Calendar Year-To-Date  
Per Election for Office Sought

Date of Public Distribution/Dissemination  
07 / 16 / 2014

Amount  
37.50

Transaction ID : f30157a7-9a97-4c5a-a  
Date of Disbursement or Obligation  
07 / 16 / 2014

Office Sought:  House District: 00  
 President  Senate State: AR

Disbursement For:  Primary  General  
2014  Other (specify) ▶

Support  
 Oppose

Full Name of Payee  
**Melanie Slagle**

Mailing Address 77 Southridge Drive

City State Zip Code  
Spruce Pine NC 28777

Purpose of Expenditure  
Salary

Name of Federal Candidate  
Ms. Kay Hagan

Calendar Year-To-Date  
Per Election for Office Sought

Date of Public Distribution/Dissemination  
07 / 16 / 2014

Amount  
10.00

Transaction ID : 4b644db5-f585-4795-a  
Date of Disbursement or Obligation  
07 / 16 / 2014

Office Sought:  House District: 00  
 President  Senate State: NC

Disbursement For:  Primary  General  
2014  Other (specify) ▶

Support  
 Oppose

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	47.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015

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: Melanie Slagle
Mailing Address: 77 Southridge Drive
City: Spruce Pine, State: NC, Zip Code: 28777
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/16/2014
Amount: 4.80
Transaction ID: 28adae15-d611-4d7f-9
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Benjamin Hernandez
Mailing Address: 915 E Market Ave
City: Searcy, State: AR, Zip Code: 72149
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/16/2014
Amount: 73.00
Transaction ID: 4b751cdc-79aa-4925-8
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 77.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">C</span> 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 <b>Benjamin Hernandez</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid gray; padding: 2px;">                     M M / D D / Y Y Y Y                      07 / 16 / 2014                 </div>	
Mailing Address    915 E Market Ave		Amount <div style="border: 1px solid gray; padding: 2px;">                     37.50                 </div>	
City    State    Zip Code Searcy    AR    72149	<b>Transaction ID : 0c53c751-1d11-493e-9</b> Date of Disbursement or Obligation <div style="border: 1px solid gray; padding: 2px;">                     M M / D D / Y Y Y Y                      07 / 16 / 2014                 </div>		
Purpose of Expenditure Mileage	Category/ Type <div style="border: 1px solid gray; padding: 2px;">002</div>		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid gray; padding: 2px;">292370.62</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee <b>Steven Jean</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid gray; padding: 2px;">                     M M / D D / Y Y Y Y                      07 / 16 / 2014                 </div>	
Mailing Address    2012 Harrison Ave		Amount <div style="border: 1px solid gray; padding: 2px;">                     50.00                 </div>	
City    State    Zip Code Winston Salem    NC    27105	<b>Transaction ID : 53d2b22b-aba5-417c-b</b> Date of Disbursement or Obligation <div style="border: 1px solid gray; padding: 2px;">                     M M / D D / Y Y Y Y                      07 / 16 / 2014                 </div>		
Purpose of Expenditure Salary	Category/ Type <div style="border: 1px solid gray; padding: 2px;">001</div>		
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: House    District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid gray; padding: 2px;">1095959.94</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ►	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<div style="border: 1px solid gray; padding: 2px;">87.50</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="border: 1px solid gray; padding: 2px;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ►	<div style="border: 1px solid gray; padding: 2px;"> </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.

Signature Ms. Emily Buchanan    [Electronically Filed]    Date 

M M / D D / Y Y Y Y  
 05 / 14 / 2015

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
Steven Jean
Mailing Address
2012 Harrison Ave
City
Winston Salem State
NC Zip Code
27105
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 16 / 2014
Amount
12.00
Transaction ID : 4c68c9cd-e8fe-4cc7-b
Date of Disbursement or Obligation
07 / 16 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 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 Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 16 / 2014
Amount
80.00
Transaction ID : 3c47909c-5b83-4eb9-b
Date of Disbursement or Obligation
07 / 16 / 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 05 / 14 / 2015
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: 07/16/2014
Amount: 15.00
Transaction ID: b37cdb9b-f4cb-4756-8
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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Saige Anderson
Mailing Address: PO Box 424
City: Searcy, State: AR, Zip Code: 72145
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/16/2014
Amount: 17.00
Transaction ID: 96840695-18ee-4c61-8
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 32.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Saige Anderson</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 16 / 2014</b>
Mailing Address <b>PO Box 424</b>	Amount <b>91.26</b>
City <b>Searcy</b> State <b>AR</b> Zip Code <b>72145</b>	<b>Transaction ID : 12e90a72-d554-4aa9-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 16 / 2014</b>
Purpose of Expenditure <b>Mileage</b> Category/Type <b>002</b>	Name of Federal Candidate <b>Mr. Mark L Pryor</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>	Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>AR</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Laura U Logie</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 16 / 2014</b>
Mailing Address <b>2565 Shire Circle</b>	Amount <b>10.00</b>
City <b>Harrisonburg</b> State <b>VA</b> Zip Code <b>22801</b>	<b>Transaction ID : aa0e8f95-b412-41ec-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 16 / 2014</b>
Purpose of Expenditure <b>Salary</b> Category/Type <b>001</b>	Name of Federal Candidate <b>Ms. Kay Hagan</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>101.26</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      **[Electronically Filed]**      Date **05 / 14 / 2015**

\_\_\_\_\_  
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Laura U Logie</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 16 / 2014</b>
Mailing Address 2565 Shire Circle	Amount <b>10.00</b>
City Harrisonburg	State VA
Zip Code 22801	<b>Transaction ID : 7506456d-ec41-4a28-8</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 16 / 2014</b>
Category/Type <b>001</b>	
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Earl Stewart</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 16 / 2014</b>
Mailing Address 9455 Snow Camp Road	Amount <b>60.00</b>
City Snowcamp	State NC
Zip Code 27349	<b>Transaction ID : 1633a34a-4c35-4c0d-a</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 16 / 2014</b>
Category/Type <b>001</b>	
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>70.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 0 2px;">C</span> 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 <b>Earl Stewart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 16 / 2014</b>	
Mailing Address 9455 Snow Camp Road		Amount <b>8.40</b>	
City Snowcamp	State NC	Zip Code 27349	<b>Transaction ID : cfd63a4f-205b-4e96-a</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 16 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    District: <u>00</u> State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Robin L Bennett</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 16 / 2014</b>	
Mailing Address 3505 Beaumont St Apt 13D		Amount <b>20.00</b>	
City Neosho	State MO	Zip Code 64850	<b>Transaction ID : 6c2b4115-fbbd-419c-b</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 16 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    District: <u>00</u> State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>28.40</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="margin-left: 20px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Robin L Bennett</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 16 / 2014</b>
Mailing Address 3505 Beaumont St Apt 13D	Amount <b>33.00</b>
City: Neosho      State: MO      Zip Code: 64850	<b>Transaction ID : ca92ab74-b6cd-45dc-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 16 / 2014</b>
Purpose of Expenditure Mileage      Category/Type: <b>002</b>	Name of Federal Candidate Mr. Mark L Pryor <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>	Office Sought: <input type="checkbox"/> House      District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate      State: <u>AR</u>
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Caleb Craig</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 16 / 2014</b>
Mailing Address 1410 Bushville drive	Amount <b>50.00</b>
City: Lenoir      State: NC      Zip Code: 28645	<b>Transaction ID : e5ad7f72-ae4d-4590-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 16 / 2014</b>
Purpose of Expenditure Salary      Category/Type: <b>001</b>	Name of Federal Candidate Ms. Kay Hagan <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Office Sought: <input type="checkbox"/> House      District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate      State: <u>NC</u>
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>83.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date **05 / 14 / 2015**

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
Caleb Craig
Mailing Address
1410 Bushville drive
City
Lenoir State
NC Zip Code
28645
Date of Public Distribution/Dissemination
07 / 16 / 2014
Amount
6.00
Transaction ID : 0fdac85a-c463-4162-9
Date of Disbursement or Obligation
07 / 16 / 2014
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose Office Sought:
House Senate District:
00 State:
NC Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Casey Stockton
Mailing Address
105 South Dale St
City
Spruce Pine State
NC Zip Code
28777
Date of Public Distribution/Dissemination
07 / 16 / 2014
Amount
70.00
Transaction ID : 2bb2b150-78ad-4d98-a
Date of Disbursement or Obligation
07 / 16 / 2014
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose Office Sought:
House Senate District:
00 State:
NC Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 76.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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 Casey Stockton
Mailing Address 105 South Dale St
City Spruce Pine State NC Zip Code 28777
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/16/2014
Amount 20.10
Transaction ID : 779fe4c7-41d2-40e6-a
Date of Disbursement or Obligation 07/16/2014
Name of Federal Candidate Ms. Kay Hagan
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General 2014

Full Name of Payee Mary Johnson
Mailing Address 105 South Dale St
City Spruce Pine State NC Zip Code 28777
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/16/2014
Amount 70.00
Transaction ID : 907a8329-9a14-41d9-9
Date of Disbursement or Obligation 07/16/2014
Name of Federal Candidate Ms. Kay Hagan
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary 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 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Evelyn Lesaicherre</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 17 / 2014</b>
Mailing Address 629 Radiance Ave	Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>
City State Zip Code Metairie LA 70001	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

**Transaction ID : 274f69a2-b370-4f55-8**

Full Name of Payee <b>Evelyn Lesaicherre</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 17 / 2014</b>
Mailing Address 629 Radiance Ave	Amount <span style="border: 1px solid black; padding: 2px;">3.60</span>
City State Zip Code Metairie LA 70001	
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

**Transaction ID : 256ab69e-af47-47f6-8**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">73.60</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
**05 / 14 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00530766
---	--	---

Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name of Payee <b>Ms. Tonya Boyd</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 2357 Fancy Cap Rd		Amount <input type="text"/>
City Mt. Airy	State NC	Zip Code 27030
Purpose of Expenditure Salary	Category/ Type <input type="text"/>	Transaction ID : <b>07fe81b4-00d3-4a70-8</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Ms. Tonya Boyd</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 2357 Fancy Cap Rd		Amount <input type="text"/>
City Mt. Airy	State NC	Zip Code 27030
Purpose of Expenditure Mileage	Category/ Type <input type="text"/>	Transaction ID : <b>f26bca17-ac76-4b69-a</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<input type="text"/>	<b>82.15</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<input type="text"/>	
(c) <b>TOTAL</b> 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 [Electronically Filed] Date  /  /

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="margin-left: 20px;">MM / DD / YYYY</span>	

Full Name of Payee <b>James Kindstedt</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 17 / 2014</b>
Mailing Address 5510 Dogwood Dr	Amount <b>20.00</b>
City State Zip Code Winston Salem NC 27105	<b>Transaction ID : 9eb79ede-d077-4acc-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 17 / 2014</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>James Kindstedt</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 17 / 2014</b>
Mailing Address 5510 Dogwood Dr	Amount <b>3.18</b>
City State Zip Code Winston Salem NC 27105	<b>Transaction ID : d0b93fd7-0412-409f-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 17 / 2014</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>23.18</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Joanna Kindstedt</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 17 / 2014
Mailing Address 2134 Tobaccoville Rd	Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>
City State Zip Code Rural Hall NC 27045	<b>Transaction ID : 3f6ad7b5-826e-4620-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 17 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Amanda Boley</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 17 / 2014
Mailing Address Split Oak Drive	Amount <span style="border: 1px solid black; padding: 2px;">35.00</span>
City State Zip Code charlotte NC 28227	<b>Transaction ID : 21fb57b7-3867-47c2-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 17 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">55.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

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
07 / 17 / 2014
Amount
20.70
Transaction ID : df4eba4f-d830-42bc-8
Purpose of Expenditure
Mileage Category/
Type 002
Date of Disbursement or Obligation
07 / 17 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose Office Sought:
House Senate State:
LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Lorri Anderson
Mailing Address
7214 Duchamp Dr
City
Charlotte State
NC Zip Code
23215
Date of Public Distribution/Dissemination
07 / 17 / 2014
Amount
40.00
Transaction ID : f3c18c95-fea1-4513-8
Purpose of Expenditure
Salary Category/
Type 001
Date of Disbursement or Obligation
07 / 17 / 2014
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose Office Sought:
House Senate State:
NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 60.70
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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 Lorri Anderson
Mailing Address 7214 Duchamp Dr
City Charlotte State NC Zip Code 23215
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07 / 17 / 2014
Amount 7.80
Transaction ID : cbc74281-eb27-45df-8
Date of Disbursement or Obligation 07 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan
Office Sought: House District: 00
Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014

Full Name of Payee David Ford
Mailing Address 106 Hillside St
City Spindale State NC Zip Code 28160
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07 / 17 / 2014
Amount 57.50
Transaction ID : e0be2265-dda8-4ee4-a
Date of Disbursement or Obligation 07 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan
Office Sought: House District: 00
Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 65.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: David Ford
Mailing Address: 106 Hillside St
City: Spindale, State: NC, Zip Code: 28160
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/17/2014
Amount: 4.17
Transaction ID: 265159ee-cf51-4127-b
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Mr. Roger McKinney
Mailing Address: 308 West Main Street
City: Pilot Mountain, State: NC, Zip Code: 27041
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/17/2014
Amount: 44.50
Transaction ID: 8d7ac653-3fc3-45fc-b
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 48.67
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Mr. Roger McKinney
Mailing Address
308 West Main Street
City
Pilot Mountain State
NC Zip Code
27041
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 17 / 2014
Amount
13.05
Transaction ID : e95aaba3-bd64-4320-b
Date of Disbursement or Obligation
07 / 17 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Glenda McKinney
Mailing Address
308 West Main Street
City
Plot Mountain State
NC Zip Code
27041
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 17 / 2014
Amount
44.50
Transaction ID : 97e53c48-2205-4d77-8
Date of Disbursement or Obligation
07 / 17 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 57.55
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Jennie Butler
Date of Public Distribution/Dissemination
07 / 17 / 2014
Mailing Address
1676 Shady Creek Rd
Amount
20.00
City
Ayden State
NC Zip Code
28513
Transaction ID : e34c850a-9813-4ef1-a
Purpose of Expenditure
Salary Category/Type
001
Date of Disbursement or Obligation
07 / 17 / 2014
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought
1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Jennie Butler
Date of Public Distribution/Dissemination
07 / 17 / 2014
Mailing Address
1676 Shady Creek Rd
Amount
5.40
City
Ayden State
NC Zip Code
28513
Transaction ID : 33c5bfed-4a92-4ebf-b
Purpose of Expenditure
Mileage Category/Type
002
Date of Disbursement or Obligation
07 / 17 / 2014
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought
1095959.94
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 25.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Solveig Lysne
Mailing Address: 7121 Oyster Lane
City: Wilmington, State: NC, Zip Code: 28411
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/17/2014
Amount: 45.80
Transaction ID: 6c1ee78a-9dea-4a6f-9
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Solveig Lysne
Mailing Address: 7121 Oyster Lane
City: Wilmington, State: NC, Zip Code: 28411
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/17/2014
Amount: 6.60
Transaction ID: 8257d397-4324-4cf1-9
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 52.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015



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: Allie Butler
Mailing Address: 1676 Shady Creek Rd
City: Ayden, State: NC, Zip Code: 28513
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/17/2014
Amount: 10.00
Transaction ID: 6bf2c9d5-b672-4417-8
Date of Disbursement or Obligation: 07/17/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Erika Burfield
Mailing Address: 2939 Country Club Drive
City: Hampstead, State: NC, Zip Code: 28443
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/17/2014
Amount: 47.50
Transaction ID: fa091c03-bc8f-4f06-a
Date of Disbursement or Obligation: 07/17/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 57.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Erika Burfield</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 17 / 2014</b>	
Mailing Address 2939 Country Club Drive		Amount <b>4.50</b>	
City <b>Hampstead</b>	State <b>NC</b>	Zip Code <b>28443</b>	Transaction ID : <b>0a7129bf-5294-41d6-8</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 17 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: <b>00</b> State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Steven Jean</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 17 / 2014</b>	
Mailing Address 2012 Harrison Ave		Amount <b>85.00</b>	
City <b>Winston Salem</b>	State <b>NC</b>	Zip Code <b>27105</b>	Transaction ID : <b>ded824f3-01c7-4619-8</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 17 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: <b>00</b> State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>89.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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: Steven Jean
Mailing Address: 2012 Harrison Ave
City: Winston Salem, State: NC, Zip Code: 27105
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 15.00
Transaction ID: 038703e2-85ad-4084-b
Date of Disbursement or Obligation: 07/17/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Theresa A Touchet
Mailing Address: 102 French Street #3
City: New Orleans, State: LA, Zip Code: 70124
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 7.50
Transaction ID: 6602e13b-25b4-4f19-8
Date of Disbursement or Obligation: 07/17/2014
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..... 22.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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: Theresa A Touchet
Mailing Address: 102 French Street #3
City: New Orleans, State: LA, Zip Code: 70124
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/17/2014
Amount: 0.60
Transaction ID: 6dcdb17c-4391-4ff8-a
Date of Disbursement or Obligation: 07/17/2014
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: 554635.78

Full Name of Payee: Jonathan Odette
Mailing Address: 9600 Earpsboro Chamblee Road
City: Wendell, State: NC, Zip Code: 27591
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/17/2014
Amount: 70.00
Transaction ID: afa698cf-9ff6-43b4-8
Date of Disbursement or Obligation: 07/17/2014
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate, State: NC
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 1095959.94

(a) SUBTOTAL of Itemized Independent Expenditures: 70.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> 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 <b>Jonathan Odette</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      07 / 17 / 2014                 </div>
Mailing Address    9600 Earpsboro Chamblee Road	Amount <div style="border: 1px solid black; padding: 2px;">                     37.80                 </div>
City                                  State                                  Zip Code Wendell                                  NC                                  27591	<b>Transaction ID : 46f57bb4-a0ad-4a93-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      07 / 17 / 2014                 </div>
Purpose of Expenditure Mileage                                  Category/Type    002	Name of Federal Candidate Ms. Kay Hagan <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought    1095959.94	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Andrea L Hammond</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      07 / 17 / 2014                 </div>
Mailing Address    12920 Kneeland Ln	Amount <div style="border: 1px solid black; padding: 2px;">                     32.50                 </div>
City                                  State                                  Zip Code Neosho                                  MO                                  64850	<b>Transaction ID : 633764dd-9deb-4922-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      07 / 17 / 2014                 </div>
Purpose of Expenditure Salary                                  Category/Type    001	Name of Federal Candidate Mr. Mark L Pryor <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought    292370.62	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: AR Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">                 70.30             </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;">                 0.00             </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">                 70.30             </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*                                  **[Electronically Filed]**                                  Date    05 / 14 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Andrea L Hammond</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 17 / 2014</b>	
Mailing Address 12920 Kneeland Ln		Amount <b>33.30</b>	
City Neosho	State MO	Zip Code 64850	<b>Transaction ID : 073b01ad-13af-417b-8</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 17 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Steven Best</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 17 / 2014</b>	
Mailing Address 103 Washington Ave		Amount <b>60.00</b>	
City Newport	State NC	Zip Code 28570	<b>Transaction ID : 702c0012-b8e4-4db1-a</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 17 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>93.30</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

*Ms. Emily Buchanan* [Electronically Filed] Date **05 / 14 / 2015**  
 \_\_\_\_\_  
 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: Steven Best
Mailing Address: 103 Washington Ave
City: Newport, State: NC, Zip Code: 28570
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 10.23
Transaction ID: 3b1bcd6d-cd88-4729-9
Date of Disbursement or Obligation: 07/17/2014
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate
Disbursement For: General 2014

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
Amount: 80.00
Transaction ID: 7f5c8a52-a3e0-4dde-8
Date of Disbursement or Obligation: 07/17/2014
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 90.23
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Brian Saltzler</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 17 / 2014</b>
Mailing Address 601 S College Road	Amount <b>35.00</b>
City State Zip Code Wilmington NC 28403	<b>Transaction ID : 9a9f55a6-5b6d-4669-9</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 17 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan	Category/Type <b>001</b>
<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>NC</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) ▶
<b>1095959.94</b>	

Full Name of Payee <b>Brian Saltzler</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 17 / 2014</b>
Mailing Address 601 S College Road	Amount <b>4.50</b>
City State Zip Code Wilmington NC 28403	<b>Transaction ID : 318fc4a5-b8fb-4ae9-8</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 17 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan	Category/Type <b>002</b>
<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>NC</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) ▶
<b>1095959.94</b>	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>39.50</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00530766</span> </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 <b>Ms. Ashlen Sandoz</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 17 / 2014</span> </div>						
Mailing Address    204 Ranger Place	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">15.00</span> </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>Slidell</td> <td>LA</td> <td>70115</td> </tr> </table>	City	State	Zip Code	Slidell	LA	70115	<b>Transaction ID : bdd2e80a-de47-4188-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 17 / 2014</span> </div>
City	State	Zip Code					
Slidell	LA	70115					
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;"> <span style="font-size: 1.2em; font-weight: bold;">554635.78</span> </div>						
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____							

Full Name of Payee <b>Tammy Williams</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 17 / 2014</span> </div>						
Mailing Address    924 N. Prieur St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">70.00</span> </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>New Orleans</td> <td>LA</td> <td>70116</td> </tr> </table>	City	State	Zip Code	New Orleans	LA	70116	<b>Transaction ID : a0a6e690-59db-4a97-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 17 / 2014</span> </div>
City	State	Zip Code					
New Orleans	LA	70116					
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;"> <span style="font-size: 1.2em; font-weight: bold;">554635.78</span> </div>						
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____							

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">85.00</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">00.00</span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">85.00</span> </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  
05 / 14 / 2015

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: 07/17/2014
Amount: 13.50
Transaction ID: 0b00ed7d-949e-411e-8
Name of Federal Candidate: Ms. Mary L Landriou, Support/Oppose, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: General 2014

Full Name of Payee: Donald Dessauer
Mailing Address: 1804 Auburn Ave
City: Metairie, State: LA, Zip Code: 70003
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/17/2014
Amount: 15.00
Transaction ID: 38488d67-28b2-4a74-9
Name of Federal Candidate: Ms. Mary L Landriou, Support/Oppose, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 28.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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 Donald Dessauer
Mailing Address 1804 Auburn Ave
City Metaire State LA Zip Code 70003
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Calendar Year-To-Date Per Election for Office Sought 554635.78

Date of Public Distribution/Dissemination 07 / 17 / 2014
Amount 0.30
Transaction ID : 090027b7-c180-41e9-a
Date of Disbursement or Obligation 07 / 17 / 2014
Office Sought: House Senate District: 00 State: LA
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Luke T Waltermire
Mailing Address 107 S Grist Mill Rd
City Hampstead State NC Zip Code 28443
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination 07 / 17 / 2014
Amount 33.00
Transaction ID : a64794c2-9116-42ea-9
Date of Disbursement or Obligation 07 / 17 / 2014
Office Sought: House Senate District: 00 State: NC
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 33.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Luke T Waltermire</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 17 / 2014</b>	
Mailing Address <b>107 S Grist Mill Rd</b>		Amount <b>15.30</b>	
City <b>Hampstead</b>	State <b>NC</b>	Zip Code <b>28443</b>	Transaction ID : <b>b16bc87b-4644-455d-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 17 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Peter Sahuc</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 17 / 2014</b>	
Mailing Address <b>107 Phillip Ave</b>		Amount <b>30.00</b>	
City <b>Lafayette</b>	State <b>LA</b>	Zip Code <b>70503</b>	Transaction ID : <b>25982f81-8cc8-4045-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 17 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>45.30</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
---	--

Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Peter Sahuc</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 17 / 2014	
Mailing Address 107 Phillip Ave		Amount <span style="border: 1px solid black; padding: 2px;">3.81</span>	
City Lafayette	State LA	Zip Code 70503	<b>Transaction ID : 546e8d41-c164-4828-9</b>
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 17 / 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		<span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>John Voholetz</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 17 / 2014	
Mailing Address 718 N MacMillan Avenue		Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>	
City Wilmington	State NC	Zip Code 28803	<b>Transaction ID : c5256b60-c8b3-4403-b</b>
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan		<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: NC
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">43.81</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 M M / D D / Y Y Y Y Y Y 05 / 14 / 2015

[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: Carmen Maddrey
Mailing Address: 2043 Nottingham Ln
City: Burlington, State: NC, Zip Code: 27215
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 40.00
Transaction ID: 65dedd35-ac1f-4562-9
Date of Disbursement or Obligation: 07/17/2014
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: General 2014

Full Name of Payee: Carmen Maddrey
Mailing Address: 2043 Nottingham Ln
City: Burlington, State: NC, Zip Code: 27215
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 2.40
Transaction ID: dc763c76-cf80-496e-8
Date of Disbursement or Obligation: 07/17/2014
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 42.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Ms. Emily Buchanan
Date: 05/14/2015

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
Anthony Buchanan
Mailing Address
1090 McHone Rd
City
Spruce Pine State
NC Zip Code
28777
Date of Public Distribution/Dissemination
07 / 17 / 2014
Amount
80.00
Transaction ID : d0c7adc8-e61a-4b19-a
Date of Disbursement or Obligation
07 / 17 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought
1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Mary Johnson
Mailing Address
105 South Dale St
City
Spruce Pine State
NC Zip Code
28777
Date of Public Distribution/Dissemination
07 / 17 / 2014
Amount
80.00
Transaction ID : 4cacf5c2-34d1-4fb8-b
Date of Disbursement or Obligation
07 / 17 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought
1095959.94
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 160.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="margin-left: 20px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Lisa Booth</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 17 / 2014</b>
Mailing Address <b>1434 South Avenue</b>	Amount <b>72.50</b>
City <b>Eden</b> State <b>NC</b> Zip Code <b>27288</b>	<b>Transaction ID : 14d27f74-a0ce-48d2-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 17 / 2014</b>
Purpose of Expenditure <b>Salary</b> Category/Type <b>001</b>	Name of Federal Candidate <b>Ms. Kay Hagan</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Lisa Booth</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 17 / 2014</b>
Mailing Address <b>1434 South Avenue</b>	Amount <b>10.80</b>
City <b>Eden</b> State <b>NC</b> Zip Code <b>27288</b>	<b>Transaction ID : 85e3d843-ff0b-45aa-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 17 / 2014</b>
Purpose of Expenditure <b>Mileage</b> Category/Type <b>002</b>	Name of Federal Candidate <b>Ms. Kay Hagan</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>00</b> <input type="checkbox"/> President State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>83.30</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan* [Electronically Filed] Date **05 / 14 / 2015**

Signature \_\_\_\_\_



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Casey Stockton</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>07 / 17 / 2014</b>
Mailing Address 105 South Dale St	Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>
City State Zip Code Spruce Pine NC 28777	
Purpose of Expenditure Salary	
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Casey Stockton</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>07 / 17 / 2014</b>
Mailing Address 105 South Dale St	Amount <span style="border: 1px solid black; padding: 2px;">26.70</span>
City State Zip Code Spruce Pine NC 28777	
Purpose of Expenditure Mileage	
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">106.70</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
**05 / 14 / 2015**

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
Barbara A Williams
Mailing Address
3002 Darden Rd
Apt A
City Greensboro State NC Zip Code 27407
Purpose of Expenditure
Salary
Category/Type 001
Date of Public Distribution/Dissemination
07 / 17 / 2014
Amount
70.00
Transaction ID : 59a1c2b4-9d48-4d31-9
Date of Disbursement or Obligation
07 / 17 / 2014
Name of Federal Candidate
Ms. Kay Hagan
Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Kacie Gleb
Mailing Address
3815 Robin Road
City Ayden State NC Zip Code 28513
Purpose of Expenditure
Salary
Category/Type 001
Date of Public Distribution/Dissemination
07 / 17 / 2014
Amount
30.00
Transaction ID : 6664060a-55c2-4694-a
Date of Disbursement or Obligation
07 / 17 / 2014
Name of Federal Candidate
Ms. Kay Hagan
Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 100.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 14 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Branson Cambre</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 17 / 2014</b>	
Mailing Address 117 Middleburg Dr.		Amount <b>55.00</b>	
City Lafayette	State LA	Zip Code 70508	Transaction ID : <b>1ad0716f-74c7-45e7-9</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 17 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Branson Cambre</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 17 / 2014</b>	
Mailing Address 117 Middleburg Dr.		Amount <b>11.49</b>	
City Lafayette	State LA	Zip Code 70508	Transaction ID : <b>0804622d-8e35-4f03-a</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 17 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>66.49</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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: Matt Gleb
Mailing Address: 3815 Robin Road
City: Ayden, State: NC, Zip Code: 28513
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/17/2014
Amount: 30.00
Transaction ID: d440de0b-9056-4199-9
Date of Disbursement or Obligation: 07/17/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Matt Gleb
Mailing Address: 3815 Robin Road
City: Ayden, State: NC, Zip Code: 28513
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/17/2014
Amount: 10.80
Transaction ID: 152b32a5-500c-4098-8
Date of Disbursement or Obligation: 07/17/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] 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 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Donna Barrette</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 724 Harris Avenue		Amount 60.00	
City Harahan	State LA	Zip Code 70123	Transaction ID : 0971abc4-9b3b-4a8c-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		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 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Donna Barrette</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 724 Harris Avenue		Amount 0.90	
City Harahan	State LA	Zip Code 70123	Transaction ID : 22dc70c0-0ee1-4929-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		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 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	60.90
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

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 Sharon Lloyd
Mailing Address 4301 Lankford
City Springdale State AR Zip Code 72762
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/17/2014
Amount 80.00
Transaction ID : 9a3bffc4-af4d-404a-9
Date of Disbursement or Obligation 07/17/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Sharon Lloyd
Mailing Address 4301 Lankford
City Springdale State AR Zip Code 72762
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/17/2014
Amount 11.79
Transaction ID : bd93bd1b-d8a7-4408-8
Date of Disbursement or Obligation 07/17/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 91.79
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Roddy H Lloyd
Mailing Address
4301 Lankford
City
Springdale State
AR Zip Code
72762
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
07 / 17 / 2014
Amount
80.00
Transaction ID : 9b9f28a5-c06d-4b63-b
Date of Disbursement or Obligation
07 / 17 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought
292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Roddy H Lloyd
Mailing Address
4301 Lankford
City
Springdale State
AR Zip Code
72762
Purpose of Expenditure
Mileage Category/Type
002
Date of Public Distribution/Dissemination
07 / 17 / 2014
Amount
8.19
Transaction ID : ae8d0cc1-46f5-4abf-a
Date of Disbursement or Obligation
07 / 17 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought
292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 88.19
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Roman Rys
Mailing Address: 635 Lotarche St
City: Greenville, State: NC, Zip Code: 27858
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/17/2014
Amount: 37.50
Transaction ID: dfca233c-1a12-4964-9
Date of Disbursement or Obligation: 07/17/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Roman Rys
Mailing Address: 635 Lotarche St
City: Greenville, State: NC, Zip Code: 27858
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/17/2014
Amount: 2.22
Transaction ID: d48c3af4-f532-443a-a
Date of Disbursement or Obligation: 07/17/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 39.72
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00530766
---	--	---

Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name of Payee <b>Ms. Tonya Boyd</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 2357 Fancy Cap Rd		Amount <input type="text"/>	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : <b>e8b3e596-d832-4066-b</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
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 <b>Ms. Tonya Boyd</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 2357 Fancy Cap Rd		Amount <input type="text"/>	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : <b>dab4ad51-11cf-487a-b</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
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) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<input type="text"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) <b>TOTAL</b> 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 [Electronically Filed] Date  /  /

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 Ms. Chassidy Menard
Mailing Address 515 Walter Dr.
City Lafayette State LA Zip Code 70507
Purpose of Expenditure Salary Category/Type 001
Amount 65.00
Transaction ID : 76930c52-d056-4ce9-9
Date of Disbursement or Obligation 07/17/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: General 2014

Full Name of Payee Ms. Chassidy Menard
Mailing Address 515 Walter Dr.
City Lafayette State LA Zip Code 70507
Purpose of Expenditure Mileage Category/Type 002
Amount 6.30
Transaction ID : 86496b2d-8551-43db-8
Date of Disbursement or Obligation 07/17/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 71.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Theresa Burkhart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 17 / 2014</b>	
Mailing Address 3126 Chester Ct		Amount <b>60.00</b>	
City Metairie	State LA	Zip Code 70006	Transaction ID : <b>f45256f4-ff1c-45a7-8</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 17 / 2014</b>	
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) ▶	

Full Name of Payee <b>Cassidy Quartararo</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 17 / 2014</b>	
Mailing Address 632 Cameron Court		Amount <b>60.00</b>	
City Kenner	State LA	Zip Code 70065	Transaction ID : <b>14d5be0e-fda6-4d7d-b</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 17 / 2014</b>	
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) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>120.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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
Cassidy Quartararo
Mailing Address
632 Cameron Court
City
Kenner State
LA Zip Code
70065
Date of Public Distribution/Dissemination
07 / 17 / 2014
Amount
8.73
Transaction ID : 5e13d14a-3efb-4aa7-8
Purpose of Expenditure
Mileage Category/Type
002
Date of Disbursement or Obligation
07 / 17 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
General 2014

Full Name of Payee
Ralph Smith
Mailing Address
2090 Fancy Gap Rd
City
Mt. Airy State
NC Zip Code
27030
Date of Public Distribution/Dissemination
07 / 17 / 2014
Amount
90.00
Transaction ID : 478d64ed-87fd-4de1-b
Purpose of Expenditure
Salary Category/Type
001
Date of Disbursement or Obligation
07 / 17 / 2014
Name of Federal Candidate
Ms. Kay Hagan
Office Sought:
Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
General 2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 98.73
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>Ralph Smith</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 17 / 2014
Mailing Address 2090 Fancy Gap Rd		Amount <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 22.62
City Mt. Airy	State NC	Zip Code 27030
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 64733e30-856d-471d-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Timothy Foley</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 17 / 2014
Mailing Address 20679 Glenbrook Terrace		Amount <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 90.00
City Sterling	State VA	Zip Code 20165
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : f6f4c83d-7e09-45f7-8 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	112.62
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

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
Date of Public Distribution/Dissemination
07 / 17 / 2014
Amount
90.00
Transaction ID : 36fd9575-8026-45d1-9
Date of Disbursement or Obligation
07 / 17 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan
Office Sought:
House District: 00
Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Gosch Ellers
Mailing Address
377 Darlington Ave
City
Wilmington State
NC Zip Code
28403
Date of Public Distribution/Dissemination
07 / 17 / 2014
Amount
45.00
Transaction ID : 47e7fd9c-0bdb-475c-8
Date of Disbursement or Obligation
07 / 17 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan
Office Sought:
House District: 00
Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 135.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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 Gosch Ellers
Mailing Address 377 Darlington Ave
City Wilmington State NC Zip Code 28403
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07 / 17 / 2014
Amount 17.10
Transaction ID : f61da6e5-1c07-4f41-9
Date of Disbursement or Obligation 07 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan
Office Sought: House District: 00
Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014

Full Name of Payee Vonniqua Jackson
Mailing Address 111 Westchester Blvd Apt D4
City Slidell State LA Zip Code 70458
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07 / 17 / 2014
Amount 20.00
Transaction ID : f34239c0-716f-4fe7-9
Date of Disbursement or Obligation 07 / 17 / 2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: House District: 00
Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 554635.78
Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 37.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Vonnika Jackson
Mailing Address
111 Westchester Blvd
Apt D4
City
Slidell State
LA Zip Code
70458
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 17 / 2014
Amount
3.00
Transaction ID : 688e7e8f-0997-4ebe-a
Date of Disbursement or Obligation
07 / 17 / 2014
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Kenny Wallis
Mailing Address
6412 Osage Dr
City
North Little rock State
AR Zip Code
72116
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Mr. Mark L Pryor
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 17 / 2014
Amount
30.00
Transaction ID : 98e1264f-34b8-41f7-a
Date of Disbursement or Obligation
07 / 17 / 2014
Office Sought: House District: 00
President Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 33.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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		MM / DD / YYYY

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 6412 Osage Dr		Amount 4.23	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 4249af9f-87b3-4c4d-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<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: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 220 Doucet Rd		Amount 30.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 8ef037fd-1391-4997-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 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 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	34.23
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: MM / DD / YYYY  
05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Francis Richardson</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 17 / 2014
Mailing Address 220 Doucet Rd	Amount <span style="border: 1px solid black; padding: 2px;">2.64</span>
City Lafayette State LA Zip Code 70503	
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : 582d61fc-351d-45ee-8**

Full Name of Payee <b>Jeffrey Hampton</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 17 / 2014
Mailing Address 1700 E Part Ave	Amount <span style="border: 1px solid black; padding: 2px;">75.00</span>
City Searcy State AR Zip Code 72149	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Mr. Mark L Pryor	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : cbb5c40d-834b-4e7e-9**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">77.64</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

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: Jeffrey Hampton
Mailing Address: 1700 E Part Ave
City: Searcy, State: AR, Zip Code: 72149
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/17/2014
Amount: 79.11
Transaction ID: 186621ac-e7b3-4bb3-b
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: JoAnn Burks
Mailing Address: 10 Castle Hill Ct
City: Little Rock, State: AR, Zip Code: 72227
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/17/2014
Amount: 25.00
Transaction ID: 6fb32453-92dc-438f-9
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 104.11
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
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: JoAnn Burks
Mailing Address: 10 Castle Hill Ct
City: Little Rock, State: AR, Zip Code: 72227
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/17/2014
Amount: 2.10
Transaction ID: f2d7c33d-4705-4c40-9
Date of Disbursement or Obligation: 07/17/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Cory Bryson
Mailing Address: 216 Dogwood Ln
City: Belmont, State: NC, Zip Code: 28012
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/17/2014
Amount: 85.00
Transaction ID: bb35fd85-d207-4339-9
Date of Disbursement or Obligation: 07/17/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(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 05/14/2015
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
Cory Bryson
Mailing Address
216 Dogwood Ln
City
Belmont State
NC Zip Code
28012
Date of Public Distribution/Dissemination
07 / 17 / 2014
Amount
25.80
Transaction ID : d836e037-000d-409e-9
Date of Disbursement or Obligation
07 / 17 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate
District: 00 State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Lesley Lennox
Mailing Address
2305 Cleary Ave
City
Metairie State
LA Zip Code
70001
Date of Public Distribution/Dissemination
07 / 17 / 2014
Amount
17.50
Transaction ID : 30526e39-b262-4975-8
Date of Disbursement or Obligation
07 / 17 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate
District: 00 State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 43.30
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Lesley Lennox</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 17 / 2014</b>
Mailing Address 2305 Cleary Ave	Amount <b>0.90</b>
City Metairie	State LA
Zip Code 70001	<b>Transaction ID : 678a30e3-aba0-4056-9</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 17 / 2014</b>
Category/Type <b>002</b>	
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 <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Bradley K Kissinger</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 17 / 2014</b>
Mailing Address 3113 Imperial Valley Dr.	Amount <b>15.00</b>
City Little Rock	State AR
Zip Code 72212	<b>Transaction ID : 91468d6c-1e84-410b-a</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 17 / 2014</b>
Category/Type <b>001</b>	
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>15.90</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Bradley K Kissinger</b>	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 17 / 2014</b>
Mailing Address 3113 Imperial Valley Dr.	Amount <b>1.80</b>
City Little Rock State AR Zip Code 72212	<b>Transaction ID : 518bee7-6221-44d1-8</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 <b>07 / 17 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor <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: AR
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Petrina Williams</b>	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 17 / 2014</b>
Mailing Address 3007 Darden Rd	Amount <b>70.00</b>
City Greensboro State NC Zip Code 27407	<b>Transaction ID : 760e58d8-53a6-46af-9</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 <b>07 / 17 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan <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: NC
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>71.80</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      **[Electronically Filed]**      Date **05 / 14 / 2015**

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: Petrina Williams
Mailing Address: 3007 Darden Rd
City: Greensboro, State: NC, Zip Code: 27407
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 20.40
Transaction ID: f116fb7b-1f09-43e1-9
Date of Disbursement or Obligation: 07/17/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Charity Zerbel
Mailing Address: 804 Mary Ave
City: Neosho, State: MO, Zip Code: 64850
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 42.50
Transaction ID: 6a2298fa-687d-4a08-a
Date of Disbursement or Obligation: 07/17/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 62.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Charity Zerbel</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 17 / 2014</b>	
Mailing Address 804 Mary Ave		Amount 1.80	
City Neosho	State MO	Zip Code 64850	Transaction ID : 405be1ca-4de1-4953-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 17 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<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: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Laura U Logie</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 17 / 2014</b>	
Mailing Address 2565 Shire Circle		Amount 37.50	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 35a454fa-31db-437e-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 17 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	39.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

*Ms. Emily Buchanan* [Electronically Filed] Date **05 / 14 / 2015**

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
Benjamin Hernandez
Mailing Address
915 E Market Ave
City
Searcy State
AR Zip Code
72149
Purpose of Expenditure
Salary Category/
Type
001

Date of Public Distribution/Dissemination
07 / 17 / 2014
Amount
60.00
Transaction ID : 72b36e10-cd07-477c-9
Date of Disbursement or Obligation
07 / 17 / 2014

Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Office Sought:
House
Senate
District:
00
State:
AR

Disbursement For:
Primary
General
Other (specify)
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Full Name of Payee
Benjamin Hernandez
Mailing Address
915 E Market Ave
City
Searcy State
AR Zip Code
72149
Purpose of Expenditure
Mileage Category/
Type
002

Date of Public Distribution/Dissemination
07 / 17 / 2014
Amount
34.50
Transaction ID : 5a6177a2-f73b-43e0-a
Date of Disbursement or Obligation
07 / 17 / 2014

Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Office Sought:
House
Senate
District:
00
State:
AR

Disbursement For:
Primary
General
Other (specify)
Calendar Year-To-Date
Per Election for Office Sought
292370.62

(a) SUBTOTAL of Itemized Independent Expenditures..... 94.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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: Alexa S Dudley
Mailing Address: 4367 Splitlog Rd
City: Goodman, State: MO, Zip Code: 64843
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/17/2014
Amount: 70.00
Transaction ID: 717caf9a-5316-4bbe-a
Date of Disbursement or Obligation: 07/17/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Alexa S Dudley
Mailing Address: 4367 Splitlog Rd
City: Goodman, State: MO, Zip Code: 64843
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/17/2014
Amount: 22.50
Transaction ID: f25e85da-d145-475a-b
Date of Disbursement or Obligation: 07/17/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 92.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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
Anthony Pearson
Mailing Address 112 apache Dr
City Search State AR Zip Code 72149
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07 / 17 / 2014
Amount 60.00
Transaction ID : b56ae867-03c4-4b22-a
Date of Disbursement or Obligation 07 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Anthony Pearson
Mailing Address 112 apache Dr
City Search State AR Zip Code 72149
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07 / 17 / 2014
Amount 34.50
Transaction ID : 9bd058bb-c8ae-4ec5-a
Date of Disbursement or Obligation 07 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 94.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Sarinda S Dudley</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014
Mailing Address 4367 Splitlog Rd	Amount 70.00
City Goodman      State MO      Zip Code 64843	<b>Transaction ID : 948fa736-7a13-4458-9</b>
Purpose of Expenditure Salary      Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor <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: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Phillip Williams</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014
Mailing Address 3007 Darden Rd	Amount 95.00
City Greensboro      State NC      Zip Code 27407	<b>Transaction ID : bb1c2e33-280c-42ce-a</b>
Purpose of Expenditure Salary      Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan <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: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	165.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date 05 / 14 / 2015

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 Phillip Williams
Mailing Address 3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Date of Public Distribution/Dissemination 07 / 17 / 2014
Amount 24.00
Transaction ID : bd01a593-a664-46e3-a
Date of Disbursement or Obligation 07 / 17 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General 2014

Full Name of Payee Beverly Williams
Mailing Address 3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Date of Public Distribution/Dissemination 07 / 17 / 2014
Amount 95.00
Transaction ID : c994ff6c-3451-4ef2-9
Date of Disbursement or Obligation 07 / 17 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 119.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Lee R Carter
Mailing Address: 3110 Brentwood Rd
City: Raleigh, State: NC, Zip Code: 27604
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/17/2014
Amount: 25.00
Transaction ID: c2f24641-a41f-48de-9
Date of Disbursement or Obligation: 07/17/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

Full Name of Payee: Lee R Carter
Mailing Address: 3110 Brentwood Rd
City: Raleigh, State: NC, Zip Code: 27604
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/17/2014
Amount: 2.10
Transaction ID: 661977e5-3315-4ec9-8
Date of Disbursement or Obligation: 07/17/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 27.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">  /  /  </span> <span style="border: 1px solid black; padding: 2px;">  /  /  </span> <span style="border: 1px solid black; padding: 2px;">  /  /  /  /  /  /  </span>	

Full Name of Payee <b>Jon Linch</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>
Mailing Address 6108 Harkins Ave	Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>
City Little Rock	State AR
Zip Code 72210	<b>Transaction ID : 2552c9d3-c60f-4c7c-8</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>
Category/Type 001	Name of Federal Candidate Mr. Mark L Pryor
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: 00   State: AR
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jon Linch</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>
Mailing Address 6108 Harkins Ave	Amount <span style="border: 1px solid black; padding: 2px;">9.60</span>
City Little Rock	State AR
Zip Code 72210	<b>Transaction ID : 2f5fe10c-df27-4897-a</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>
Category/Type 002	Name of Federal Candidate Mr. Mark L Pryor
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: 00   State: AR
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">59.60</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 05 / 14 / 2015



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Jeanine Holmes</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 17 / 2014</b>	
Mailing Address 206 Wildwood Dr		Amount <b>20.00</b>	
City Hammond	State LA	Zip Code 70401	<b>Transaction ID : 43de4230-a40a-4276-a</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 17 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jeanine Holmes</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 17 / 2014</b>	
Mailing Address 206 Wildwood Dr		Amount <b>6.00</b>	
City Hammond	State LA	Zip Code 70401	<b>Transaction ID : cc493d41-a7e5-4b3a-a</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 17 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>26.00</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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: Xavier Miller
Mailing Address: 407 randall Dr
City: Searcy State: AR Zip Code: 72143
Purpose of Expenditure: Salary Category/Type: 001
Date of Public Distribution/Dissemination: 07/17/2014
Amount: 70.00
Transaction ID: 36894cb1-977a-4af7-b
Date of Disbursement or Obligation: 07/17/2014
Name of Federal Candidate: Mr. Mark L Pryor
Office Sought: Senate State: AR
Disbursement For: General 2014

Full Name of Payee: Eric Wilson
Mailing Address: 907 Randall Drive
City: Searcy State: AR Zip Code: 72149
Purpose of Expenditure: Salary Category/Type: 001
Date of Public Distribution/Dissemination: 07/17/2014
Amount: 70.00
Transaction ID: e5fba1a3-a4d2-41a6-9
Date of Disbursement or Obligation: 07/17/2014
Name of Federal Candidate: Mr. Mark L Pryor
Office Sought: Senate State: AR
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: 05/14/2015

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 Wilson
Mailing Address
907 Randall Drive
City
Searcy State
AR Zip Code
72149
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 17 / 2014
Amount
75.00
Transaction ID : 68dc0f2c-6f77-4066-a
Date of Disbursement or Obligation
07 / 17 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Evelyn Lesaicherre
Mailing Address
629 Radiane 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
554635.78

Date of Public Distribution/Dissemination
07 / 17 / 2014
Amount
70.00
Transaction ID : 59cfa6f1-cc2b-471c-9
Date of Disbursement or Obligation
07 / 17 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 145.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Evelyn Lesaicherre</b>		Date of Public Distribution/Dissemination <b>07 / 17 / 2014</b>	
Mailing Address 629 Radiane Ave		Amount 4.50	
City Metairie	State LA	Zip Code 70001	Transaction ID : <b>558ef9d0-783e-46dc-8</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation <b>07 / 17 / 2014</b>	
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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Tarrin Lesaicherre</b>		Date of Public Distribution/Dissemination <b>07 / 17 / 2014</b>	
Mailing Address 629 Radiane Ave		Amount 70.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : <b>55bd5b56-13d0-45bb-9</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation <b>07 / 17 / 2014</b>	
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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>74.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Tarrin Lesaicherre</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 17 / 2014</b>
Mailing Address 629 Radiance Ave		Amount 4.50
City Metairie	State LA	Zip Code 70001
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : e9bab2bd-3a21-4b97-8 Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 17 / 2014</b>
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	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jeanne Tribou</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 17 / 2014</b>
Mailing Address 22369 Ponderosa Dr.		Amount 25.00
City Mandeville	State LA	Zip Code 70471
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 3edcd44b-168d-4540-b Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 17 / 2014</b>
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	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	29.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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
07 / 17 / 2014
Amount
2.70
Transaction ID : d9a18092-452d-4d74-8
Date of Disbursement or Obligation
07 / 17 / 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
Darius Beverly
Mailing Address
157 Bishop Drive
City
Avondale State
LA Zip Code
70094
Purpose of Expenditure
Salary Category/
Type 001

Date of Public Distribution/Dissemination
07 / 17 / 2014
Amount
45.00
Transaction ID : f3e65528-76b9-46a6-8
Date of Disbursement or Obligation
07 / 17 / 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..... 47.70
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
Signature

[Electronically Filed]

Date 05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> 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 <b>Ms. Dinah Beverly</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 157 Bishop Drive		Amount 45.00	
City Avondale	State LA	Zip Code 70064	<b>Transaction ID : d8924cc3-73ad-4c33-8</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<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 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Ms. Dinah Beverly</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 17 / 2014	
Mailing Address 157 Bishop Drive		Amount 4.80	
City Avondale	State LA	Zip Code 70064	<b>Transaction ID : e7ce5959-cfb4-4304-a</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		<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 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	49.80
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
 05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold;">C</span> 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 <b>Lee R Carter</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">07</span> / <span style="font-size: 1.2em;">16</span> / <span style="font-size: 1.2em;">2014</span> </div>
Mailing Address    3110 Brentwood Rd	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">15.00</span> </div>
City                                  State                                  Zip Code Raleigh                                  NC                                  27604	<b>Transaction ID : 48283d90-ee42-4098-9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">07</span> / <span style="font-size: 1.2em;">16</span> / <span style="font-size: 1.2em;">2014</span> </div>
Purpose of Expenditure Salary                                  Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <b>Ms. Kay Hagan</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate                                  State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: center;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Lee R Carter</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">07</span> / <span style="font-size: 1.2em;">16</span> / <span style="font-size: 1.2em;">2014</span> </div>
Mailing Address    3110 Brentwood Rd	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">15.60</span> </div>
City                                  State                                  Zip Code Raleigh                                  NC                                  27604	<b>Transaction ID : 36ba11d1-666f-4faa-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">07</span> / <span style="font-size: 1.2em;">16</span> / <span style="font-size: 1.2em;">2014</span> </div>
Purpose of Expenditure Mileage                                  Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">002</div>	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <b>Ms. Kay Hagan</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate                                  State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: center;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">30.60</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </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*                                  [Electronically Filed]                                  Date 05 / 14 / 2015

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: Thomas Sisk
Mailing Address: 3625 Chapelwood Drive
City: Gastonia, State: NC, Zip Code: 28025
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/18/2014
Amount: 20.00
Transaction ID: 2afd7e32-5b8e-49c6-a
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Thomas Sisk
Mailing Address: 3625 Chapelwood Drive
City: Gastonia, State: NC, Zip Code: 28025
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/18/2014
Amount: 4.71
Transaction ID: 9cd073ec-cbfc-4279-a
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 24.71
(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 05/14/2015
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: 07/18/2014
Amount: 10.00
Transaction ID: 91006548-1a71-4553-a
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Andrew Shiver
Mailing Address: 110 Earlston Ct
City: Knightdale, State: NC, Zip Code: 27545
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/17/2014
Amount: 70.00
Transaction ID: e9b7f548-3694-4513-a
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 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.

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
---	---

Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name of Payee <b>Christine Stevens</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 100 Asbury Ct		Amount <input type="text"/>	
City Winchester	State VA	Zip Code 22602	Transaction ID : <b>dfb44784-1ea5-4fd6-a</b>
Purpose of Expenditure Salary	Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>James Kindstedt</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 5510 Dogwood Dr		Amount <input type="text"/>	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : <b>b749d2ab-b121-4966-9</b>
Purpose of Expenditure Salary	Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

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

Signature Ms. Emily Buchanan [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 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
James Kindstedt
Mailing Address
5510 Dogwood Dr
City
Winston Salem State
NC Zip Code
27105
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 18 / 2014
Amount
2.40
Transaction ID : 1d9c11d5-27c6-4b27-a
Date of Disbursement or Obligation
07 / 18 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Joanna Kindstedt
Mailing Address
2134 Tobaccoville Rd
City
Rural Hall State
NC Zip Code
27045
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 18 / 2014
Amount
15.00
Transaction ID : e17f88e3-3ab3-4731-9
Date of Disbursement or Obligation
07 / 18 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 17.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Lorri Anderson
Mailing Address: 7214 Duchamp Dr
City: Charlotte, State: NC, Zip Code: 23215
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/18/2014
Amount: 50.00
Transaction ID: e4adf410-odd5-415f-a
Date of Disbursement or Obligation: 07/18/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General 2014, [ ] Other (specify)

Full Name of Payee: Lorri Anderson
Mailing Address: 7214 Duchamp Dr
City: Charlotte, State: NC, Zip Code: 23215
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/18/2014
Amount: 7.80
Transaction ID: 0a4d5cdb-a1ea-4310-b
Date of Disbursement or Obligation: 07/18/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 57.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> 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 <b>Chris McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014	
Mailing Address 1025 Cayley Ct		Amount 15.00	
City High Point	State NC	Zip Code 27260	Transaction ID : <b>0bb057ef-edfd-44e8-9</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014
Purpose of Expenditure Salary	Category/Type 001	Name of Federal Candidate Ms. Kay Hagan	
<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: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Chris McCoy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014	
Mailing Address 1025 Cayley Ct		Amount 9.60	
City High Point	State NC	Zip Code 27260	Transaction ID : <b>b02ea772-bde9-470c-a</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014
Purpose of Expenditure Mileage	Category/Type 002	Name of Federal Candidate Ms. Kay Hagan	
<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: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	24.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	[Empty Box]
(c) <b>TOTAL</b> Independent Expenditures..... ▶	[Empty Box]

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

Ms. Emily Buchanan  
 Signature

[Electronically Filed]

Date MM / DD / YYYY  
 05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Amanda Boley</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 18 / 2014</b>
Mailing Address Split Oak Drive	Amount <b>50.00</b>
City charlotte      State NC      Zip Code 28227	<b>Transaction ID : ef83b303-90d8-40e6-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 18 / 2014</b>
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 <b>554635.78</b>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Amanda Boley</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 18 / 2014</b>
Mailing Address Split Oak Drive	Amount <b>23.40</b>
City charlotte      State NC      Zip Code 28227	<b>Transaction ID : 8defb758-6311-4ca2-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 18 / 2014</b>
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 <b>554635.78</b>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>73.40</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date **05 / 14 / 2015**

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: Marilyn Riley
Mailing Address: 338 Wayne Drive
City: Shreveport, State: LA, Zip Code: 71105
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/18/2014
Amount: 25.00
Transaction ID: 2974a090-f5ed-4cf6-9
Date of Disbursement or Obligation: 07/18/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General

Full Name of Payee: Solveig Lysne
Mailing Address: 7121 Oyster Lane
City: Wilmington, State: NC, Zip Code: 28411
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/18/2014
Amount: 44.30
Transaction ID: 22fe729d-d885-4d24-b
Date of Disbursement or Obligation: 07/18/2014
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate, State: NC
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 69.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015



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
Solveig Lysne
Mailing Address
7121 Oyster Lane
City
Wilmington State
NC Zip Code
28411
Date of Public Distribution/Dissemination
07 / 18 / 2014
Amount
8.79
Transaction ID : 55752813-8468-4545-9
Date of Disbursement or Obligation
07 / 18 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose Office Sought:
House Senate State:
NC
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Steven Best
Mailing Address
103 Washington Ave
City
Newport State
NC Zip Code
28570
Date of Public Distribution/Dissemination
07 / 18 / 2014
Amount
23.00
Transaction ID : 6e66b983-e910-4880-a
Date of Disbursement or Obligation
07 / 18 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose Office Sought:
House Senate State:
NC
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
31.79
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed] Date
05 / 14 / 2015
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
Steven Best
Mailing Address
103 Washington Ave
City
Newport State
NC Zip Code
28570
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 18 / 2014
Amount
8.73
Transaction ID : 1b0c562c-aa24-4585-9
Date of Disbursement or Obligation
07 / 18 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Larry Freeman
Mailing Address
11214 Mesa drive
City
Little rock State
AR Zip Code
72211
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Mr. Mark L Pryor
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 18 / 2014
Amount
35.00
Transaction ID : 57d68b01-9e01-4d7c-a
Date of Disbursement or Obligation
07 / 18 / 2014
Office Sought:
House District: 00
Senate State: AR
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 43.73
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: John Voholetz
Mailing Address: 718 N MacMillan Avenue
City: Wilmington, State: NC, Zip Code: 28803
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/18/2014
Amount: 50.00
Transaction ID: 80296ef2-a1cd-4780-8
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: John Voholetz
Mailing Address: 718 N MacMillan Avenue
City: Wilmington, State: NC, Zip Code: 28803
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/18/2014
Amount: 6.00
Transaction ID: 0e98de15-b5e5-45ed-8
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 56.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Ralphie Lockhart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 18 / 2014</b>
Mailing Address 6310 Col Glenn Rd		Amount <b>40.00</b>
City Little Rock	State AR	Zip Code 72204
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : <b>d3784ea7-edb1-414e-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 18 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought	<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Ralphie Lockhart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 18 / 2014</b>
Mailing Address 6310 Col Glenn Rd		Amount <b>6.00</b>
City Little Rock	State AR	Zip Code 72204
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : <b>98f5d7fb-313a-4ec7-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 18 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought	<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>46.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> 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 <b>Rebecca Deucher</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     07 / 18 / 2014                 </div>
Mailing Address    4800 Vass Carthage Rd	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     40.00                 </div>
City    State    Zip Code Carthage    NC    28394	<b>Transaction ID : b10c1bdd-23e9-478f-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     07 / 18 / 2014                 </div>
Purpose of Expenditure Salary    Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Ms. Kay Hagan <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Rebecca Deucher</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     07 / 18 / 2014                 </div>
Mailing Address    4800 Vass Carthage Rd	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     13.35                 </div>
City    State    Zip Code Carthage    NC    28394	<b>Transaction ID : 6540122b-2f92-4cd1-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     07 / 18 / 2014                 </div>
Purpose of Expenditure Mileage    Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Ms. Kay Hagan <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">53.35</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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*    **[Electronically Filed]**    Date 

05 / 14 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Carmen Maddrey</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 18 / 2014</b>
Mailing Address 2043 Nottingham Ln	Amount <b>30.00</b>
City State Zip Code <b>Burlington NC 27215</b>	Transaction ID : <b>90413c5e-c468-4ef4-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 18 / 2014</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Carmen Maddrey</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 18 / 2014</b>
Mailing Address 2043 Nottingham Ln	Amount <b>2.10</b>
City State Zip Code <b>Burlington NC 27215</b>	Transaction ID : <b>f939a6a5-8715-4932-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 18 / 2014</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>32.10</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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
Tylan S Green
Mailing Address
2320 Saint Nick Dr
City
New Orleans State
LA Zip Code
70131
Purpose of Expenditure
Salary Category/
Type
001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 18 / 2014
Amount
240.00
Transaction ID : 9e316b28-6c63-44f4-9
Date of Disbursement or Obligation
07 / 18 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Tylan S Green
Mailing Address
2320 Saint Nick Dr
City
New Orleans State
LA Zip Code
70131
Purpose of Expenditure
Mileage Category/
Type
002
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 18 / 2014
Amount
9.00
Transaction ID : f5291cbb-dfff-44d6-9
Date of Disbursement or Obligation
07 / 18 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 249.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Francesca Blom</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 18 / 2014</b>
Mailing Address 101 Asbury Ct	Amount <span style="border: 1px solid black; padding: 2px;">75.00</span>
City Winchester	State VA
Zip Code 22602	<b>Transaction ID : 9be1ea43-514a-47e7-b</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 18 / 2014</b>
Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Name of Federal Candidate Ms. Kay Hagan
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Mr. Alex Peyton</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 18 / 2014</b>
Mailing Address 859 Hicks Rd	Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>
City Washington	State LA
Zip Code 70589	<b>Transaction ID : 5e0342a6-cc8b-4773-a</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 18 / 2014</b>
Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">95.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**



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: Mr. Alex Peyton
Mailing Address: 859 Hicks Rd
City: Washington State: LA Zip Code: 70589
Purpose of Expenditure: Mileage Category/Type: 002
Date of Public Distribution/Dissemination: 07/18/2014
Amount: 15.90
Transaction ID: 3b537ba4-f4ca-4358-a
Date of Disbursement or Obligation: 07/18/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: General 2014

Full Name of Payee: Jessica Habakjian
Mailing Address: 4193 W. Lang St
City: Farmville State: NC Zip Code: 27828
Purpose of Expenditure: Salary Category/Type: 001
Date of Public Distribution/Dissemination: 07/18/2014
Amount: 45.00
Transaction ID: 01bc7014-876a-41b9-8
Date of Disbursement or Obligation: 07/18/2014
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate State: NC
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 60.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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 Habakjian
Mailing Address
4193 W. Lang St
City
Farmville State
NC Zip Code
27828
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 18 / 2014
Amount
9.00
Transaction ID : feac1be7-d635-40aa-8
Date of Disbursement or Obligation
07 / 18 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Barbara A Williams
Mailing Address
3002 Darden Rd
Apt A
City
Greensboro State
NC Zip Code
27407
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 18 / 2014
Amount
85.00
Transaction ID : 3f9cf170-1657-4dee-9
Date of Disbursement or Obligation
07 / 18 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 94.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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
Robin L Bennett
Mailing Address
3505 Beaumont St
Apt 13D
City
Neosho State
MO Zip Code
64850
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 18 / 2014
Amount
60.00
Transaction ID : 53e67c99-f42f-4048-8
Date of Disbursement or Obligation
07 / 18 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Robin L Bennett
Mailing Address
3505 Beaumont St
Apt 13D
City
Neosho State
MO Zip Code
64850
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 18 / 2014
Amount
36.90
Transaction ID : dd4d5769-4e85-4907-9
Date of Disbursement or Obligation
07 / 18 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 96.90
(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 05 / 14 / 2015
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 Taylor N Randall
Mailing Address 2002 E Park Ave Apt 40
City Searcy State AR Zip Code 72143
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/18/2014
Amount 60.00
Transaction ID : 93fa1397-6479-4708-a
Date of Disbursement or Obligation 07/18/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Taylor N Randall
Mailing Address 2002 E Park Ave Apt 40
City Searcy State AR Zip Code 72143
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/18/2014
Amount 81.90
Transaction ID : e245932a-fb40-4404-b
Date of Disbursement or Obligation 07/18/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 141.90
(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 05/14/2015
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 Ms. Tonya Boyd
Mailing Address 2357 Fancy Cap Rd
City Mt. Airy State NC Zip Code 27030
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/18/2014
Amount 60.00
Transaction ID : b87c49ce-ee68-4ddf-9
Date of Disbursement or Obligation 07/18/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Ms. Tonya Boyd
Mailing Address 2357 Fancy Cap Rd
City Mt. Airy State NC Zip Code 27030
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/18/2014
Amount 15.60
Transaction ID : 23c4cf01-37cf-4c54-b
Date of Disbursement or Obligation 07/18/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 75.60
(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 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Lily Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 18 / 2014</b>	
Mailing Address 205 Medallion Circle		Amount 80.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : <b>9a23b7a0-a48c-4e5d-9</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 18 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lily Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 18 / 2014</b>	
Mailing Address 205 Medallion Circle		Amount 26.10	
City Shreveport	State LA	Zip Code 71119	Transaction ID : <b>39607467-a4d6-43cf-8</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 18 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 554635.78		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	106.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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: Lisa Booth
Mailing Address: 1434 South Avenue
City: Eden, State: NC, Zip Code: 27288
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 70.00
Transaction ID: 53fc6fd0-deb1-4a0f-8
Date of Disbursement or Obligation: 07/18/2014
Name of Federal Candidate: Ms. Kay Hagan, Support/Oppose, Office Sought: Senate, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: General 2014

Full Name of Payee: Lisa Booth
Mailing Address: 1434 South Avenue
City: Eden, State: NC, Zip Code: 27288
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 9.30
Transaction ID: 3194a935-902c-45a4-b
Date of Disbursement or Obligation: 07/18/2014
Name of Federal Candidate: Ms. Kay Hagan, Support/Oppose, Office Sought: Senate, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 79.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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: Lee R Carter
Mailing Address: 3110 Brentwood Rd
City: Raleigh State: NC Zip Code: 27604
Purpose of Expenditure: Salary Category/Type: 001
Date of Public Distribution/Dissemination: 07/18/2014
Amount: 20.00
Transaction ID: 264f3e8b-9d99-41c1-a
Date of Disbursement or Obligation: 07/18/2014
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate State: NC
Disbursement For: General 2014

Full Name of Payee: Lee R Carter
Mailing Address: 3110 Brentwood Rd
City: Raleigh State: NC Zip Code: 27604
Purpose of Expenditure: Mileage Category/Type: 002
Date of Public Distribution/Dissemination: 07/18/2014
Amount: 1.80
Transaction ID: 0cdec90f-9e38-4895-a
Date of Disbursement or Obligation: 07/18/2014
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate State: NC
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 21.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Name of Federal Candidate Ms. Mary L Landrieu
Calendar Year-To-Date Per Election for Office Sought 554635.78
Date of Public Distribution/Dissemination 07 / 18 / 2014
Amount 20.00
Transaction ID : c16459a6-f49e-4951-a
Date of Disbursement or Obligation 07 / 18 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General 2014

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
Name of Federal Candidate Ms. Mary L Landrieu
Calendar Year-To-Date Per Election for Office Sought 554635.78
Date of Public Distribution/Dissemination 07 / 18 / 2014
Amount 0.60
Transaction ID : f0786ba7-22d7-4630-8
Date of Disbursement or Obligation 07 / 18 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 20.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015

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
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 18 / 2014
Amount
50.00
Transaction ID : a86af858-0461-4888-a
Date of Disbursement or Obligation
07 / 18 / 2014
Office Sought:
House District: 00
Senate State: NC
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. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 18 / 2014
Amount
80.00
Transaction ID : f76aed07-f8d9-46d8-b
Date of Disbursement or Obligation
07 / 18 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 130.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>	
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 <b>Ralph Smith</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 18 / 2014</b>	
Mailing Address 2090 Fancy Gap Rd		Amount <b>60.00</b>	
City Mt. Airy	State NC	Zip Code 27030	<b>Transaction ID : 01877076-d550-4811-8</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 <b>07 / 18 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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: NC
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Ralph Smith</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 18 / 2014</b>	
Mailing Address 2090 Fancy Gap Rd		Amount <b>15.60</b>	
City Mt. Airy	State NC	Zip Code 27030	<b>Transaction ID : 35fbaf0d-60c6-4591-a</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 <b>07 / 18 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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: NC
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>75.60</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; border: 1px solid black; padding: 0 2px;">C</span> 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 <span style="border: 1px solid black; padding: 0 5px;">  </span> / <span style="border: 1px solid black; padding: 0 5px;">  </span> / <span style="border: 1px solid black; padding: 0 5px;">  </span>	

Full Name of Payee <b>Brian Saltzler</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 2px;">07</span> / <span style="border: 1px solid black; padding: 0 2px;">18</span> / <span style="border: 1px solid black; padding: 0 2px;">2014</span> </div>
Mailing Address    601 S College Road	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> <span style="float: right;">30.00</span> </div>
City    State    Zip Code Wilmington    NC    28403	<b>Transaction ID : 7668a6bb-326c-4028-9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 2px;">07</span> / <span style="border: 1px solid black; padding: 0 2px;">18</span> / <span style="border: 1px solid black; padding: 0 2px;">2014</span> </div>
Purpose of Expenditure Salary    Category/Type <span style="border: 1px solid black; padding: 0 5px;">001</span>	Name of Federal Candidate <input type="checkbox"/> Support                          Office Sought: <input type="checkbox"/> House    District: <u>00</u> Ms. Kay Hagan <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 5px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Brian Saltzler</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 2px;">07</span> / <span style="border: 1px solid black; padding: 0 2px;">18</span> / <span style="border: 1px solid black; padding: 0 2px;">2014</span> </div>
Mailing Address    601 S College Road	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> <span style="float: right;">2.70</span> </div>
City    State    Zip Code Wilmington    NC    28403	<b>Transaction ID : 2b348b08-1493-4530-9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 2px;">07</span> / <span style="border: 1px solid black; padding: 0 2px;">18</span> / <span style="border: 1px solid black; padding: 0 2px;">2014</span> </div>
Purpose of Expenditure Mileage    Category/Type <span style="border: 1px solid black; padding: 0 5px;">002</span>	Name of Federal Candidate <input type="checkbox"/> Support                          Office Sought: <input type="checkbox"/> House    District: <u>00</u> Ms. Kay Hagan <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 5px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 0 5px;">32.70</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 0 5px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 0 5px;"> </span>

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

*Ms. Emily Buchanan*    **[Electronically Filed]**    Date 05 / 14 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Cassidy Quartararo</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 18 / 2014</b>
Mailing Address 632 Cameron Court	Amount <b>25.00</b>
City: Kenner State: LA Zip Code: 70065	<b>Transaction ID : 4e5de57b-73df-4dee-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 18 / 2014</b>
Purpose of Expenditure: Salary Category/Type: 001	Name of Federal Candidate: Ms. Mary L Landriau <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: 554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Cassidy Quartararo</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 18 / 2014</b>
Mailing Address 632 Cameron Court	Amount <b>2.43</b>
City: Kenner State: LA Zip Code: 70065	<b>Transaction ID : 046868f7-de8d-4745-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 18 / 2014</b>
Purpose of Expenditure: Mileage Category/Type: 002	Name of Federal Candidate: Ms. Mary L Landriau <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: 554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>27.43</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      **[Electronically Filed]**      Date **05 / 14 / 2015**

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 Sarinda S Dudley
Mailing Address 4367 Splitlog Rd
City Goodman State MO Zip Code 64843
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Calendar Year-To-Date Per Election for Office Sought 292370.62

Date of Public Distribution/Dissemination 07/18/2014
Amount 110.00
Transaction ID : 9d0cd399-59fc-4bf5-b
Date of Disbursement or Obligation 07/18/2014
Office Sought: House Senate AR
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Sarinda S Dudley
Mailing Address 4367 Splitlog Rd
City Goodman State MO Zip Code 64843
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Calendar Year-To-Date Per Election for Office Sought 292370.62

Date of Public Distribution/Dissemination 07/18/2014
Amount 23.70
Transaction ID : 04516a28-682a-4e54-a
Date of Disbursement or Obligation 07/18/2014
Office Sought: House Senate AR
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 133.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Alexa S Dudley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 18 / 2014</b>	
Mailing Address 4367 Splitlog Rd		Amount <b>110.00</b>	
City Goodman	State MO	Zip Code 64843	<b>Transaction ID : 8b253f83-37d8-4975-9</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 18 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<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>AR</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) ▶	

Full Name of Payee <b>Timothy Foley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 18 / 2014</b>	
Mailing Address 20679 Glenbrook Terrace		Amount <b>80.00</b>	
City Sterling	State VA	Zip Code 20165	<b>Transaction ID : 880c8f1f-2d52-45d8-b</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 18 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</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) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>190.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Bradley K Kissinger</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014	
Mailing Address 3113 Imperial Valley Dr.		Amount 25.00	
City Little Rock	State AR	Zip Code 72212	Transaction ID : eb374edc-d86e-4f29-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<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: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Bradley K Kissinger</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2014	
Mailing Address 3113 Imperial Valley Dr.		Amount 3.60	
City Little Rock	State AR	Zip Code 72212	Transaction ID : e6570302-dd02-4422-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<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: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	28.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

[Electronically Filed]



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> C00530766
---	--	---

Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 18 / 2014</b>		
Mailing Address 22369 Ponderosa Dr.			Amount <b>45.00</b>		
City Mandeville	State LA	Zip Code 70471	<b>Transaction ID : 2168e8c7-24ad-4036-8</b>		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 18 / 2014</b>		
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Jeanne Tribou</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 18 / 2014</b>		
Mailing Address 22369 Ponderosa Dr.			Amount <b>4.80</b>		
City Mandeville	State LA	Zip Code 70471	<b>Transaction ID : 2c70f554-4e2a-4955-b</b>		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 18 / 2014</b>		
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>49.80</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

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

Ms. Emily Buchanan [Electronically Filed]  
 Signature Date  /  /   
**05 / 14 / 2015**

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: Reagan Brackett
Mailing Address: 502 E Center Ave
City: Searcy, State: AR, Zip Code: 72143
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/18/2014
Amount: 80.00
Transaction ID: fe991b74-35fb-4ba8-a
Date of Disbursement or Obligation: 07/18/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

Full Name of Payee: Francis Richardson
Mailing Address: 220 Doucet Rd
City: Lafayette, State: LA, Zip Code: 70503
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/18/2014
Amount: 30.00
Transaction ID: 7b1b0b6e-2827-497c-9
Date of Disbursement or Obligation: 07/18/2014
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: 554635.78
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 110.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
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: Francis Richardson
Mailing Address: 220 Doucet Rd
City: Lafayette, State: LA, Zip Code: 70503
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/18/2014
Amount: 1.20
Transaction ID: 5f8ba335-33c5-452c-9
Date of Disbursement or Obligation: 07/18/2014
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: 554635.78

Full Name of Payee: Phillip Williams
Mailing Address: 3007 Darden Rd
City: Greensboro, State: NC, Zip Code: 27407
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/18/2014
Amount: 80.00
Transaction ID: 086675bc-fa29-43e7-8
Date of Disbursement or Obligation: 07/18/2014
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate, State: NC
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 1095959.94

(a) SUBTOTAL of Itemized Independent Expenditures: 81.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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: Phillip Williams
Mailing Address: 3007 Darden Rd
City: Greensboro, State: NC, Zip Code: 27407
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/18/2014
Amount: 19.80
Transaction ID: 6d6925f2-9cf0-45a7-b
Date of Disbursement or Obligation: 07/18/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General 2014, [ ] Other (specify)

Full Name of Payee: Beverly Williams
Mailing Address: 3007 Darden Rd
City: Greensboro, State: NC, Zip Code: 27407
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/18/2014
Amount: 90.00
Transaction ID: 780c6170-d78d-4f8e-a
Date of Disbursement or Obligation: 07/18/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 109.80
(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 05/14/2015
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: Petrina Williams
Mailing Address: 3007 Darden Rd
City: Greensboro, State: NC, Zip Code: 27407
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/18/2014
Amount: 87.00
Transaction ID: d77a859f-a979-471e-9
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Petrina Williams
Mailing Address: 3007 Darden Rd
City: Greensboro, State: NC, Zip Code: 27407
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/18/2014
Amount: 31.50
Transaction ID: f69310cc-d19e-4174-8
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 118.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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
Elizabeth Hanks
Mailing Address
891 W. Melmar
City
Fayetteville State
AR Zip Code
72703
Purpose of Expenditure
Salary Category/
Type
001

Date of Public Distribution/Dissemination
07 / 18 / 2014
Amount
25.00
Transaction ID : d3ec8675-2a1f-477f-9
Date of Disbursement or Obligation
07 / 18 / 2014

Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Office Sought:
House
Senate
District: 00
State: AR

Disbursement For:
Primary
General
Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
292370.62
Full Name of Payee
Elizabeth Hanks
Mailing Address
891 W. Melmar
City
Fayetteville State
AR Zip Code
72703
Purpose of Expenditure
Mileage Category/
Type
002

Date of Public Distribution/Dissemination
07 / 18 / 2014
Amount
5.70
Transaction ID : c2e4eab9-bc34-48c5-9
Date of Disbursement or Obligation
07 / 18 / 2014

Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Office Sought:
House
Senate
District: 00
State: AR

Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 30.70
(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
05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Anthony Pearson</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>112 apache Dr</b>		Amount <input type="text"/>
City <b>Search</b>	State <b>AR</b>	Zip Code <b>72149</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>	<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>AR</u>
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) ▶

Transaction ID : **4c8cab19-511b-418e-a**

Full Name of Payee <b>Anthony Pearson</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address <b>112 apache Dr</b>		Amount <input type="text"/>
City <b>Search</b>	State <b>AR</b>	Zip Code <b>72149</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>	<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>AR</u>
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) ▶

Transaction ID : **a86c9a21-d4f5-4b0e-9**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<input type="text"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) <b>TOTAL</b> 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 [Electronically Filed] Date  /  /

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: Kenny Wallis
Mailing Address: 6412 Osage Dr
City: North Little rock, State: AR, Zip Code: 72116
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/18/2014
Amount: 5.00
Transaction ID: 1c2d2eb8-1e45-47ea-a
Date of Disbursement or Obligation: 07/18/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Kenny Wallis
Mailing Address: 6412 Osage Dr
City: North Little rock, State: AR, Zip Code: 72116
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/18/2014
Amount: 22.20
Transaction ID: 6ba2d489-3f8c-4268-8
Date of Disbursement or Obligation: 07/18/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 27.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
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 Patrice Wolfe
Mailing Address 9909 Treasure Hill Rd
City Little Rock State AR Zip Code 72205
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07 / 19 / 2014
Amount 20.00
Transaction ID : 887640ba-ce87-4b1c-9
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014

Full Name of Payee Patrice Wolfe
Mailing Address 9909 Treasure Hill Rd
City Little Rock State AR Zip Code 72205
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07 / 19 / 2014
Amount 1.80
Transaction ID : 8e9c024e-b1dd-4e13-8
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 21.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> 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 <b>Lisa A Hackett</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014	
Mailing Address 137 S Palm ST		Amount 20.00	
City Winnabow	State NC	Zip Code 28479	Transaction ID : b5f99773-6dac-4e2c-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<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: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lisa A Hackett</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2014	
Mailing Address 137 S Palm ST		Amount 1.23	
City Winnabow	State NC	Zip Code 28479	Transaction ID : 6a1e3d33-34aa-44ac-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<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: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	21.23
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

Signature Ms. Emily Buchanan      [Electronically Filed]      Date MM / DD / YYYY    05 / 14 / 2015

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: Myeisha M Ross
Mailing Address: 3411 Asher Ave
City: Little Rock, State: AR, Zip Code: 72209
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/19/2014
Amount: 55.00
Transaction ID: 3bd15a43-b58c-4ec8-b
Date of Disbursement or Obligation: 07/19/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support/Oppose
Office Sought: Senate, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: 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
Date of Public Distribution/Dissemination: 07/19/2014
Amount: 35.00
Transaction ID: 2647b820-7d78-4fad-a
Date of Disbursement or Obligation: 07/19/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support/Oppose
Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: General 2014

(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: 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Amanda Boley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 19 / 2014</b>	
Mailing Address Split Oak Drive		Amount <b>22.83</b>	
City charlotte	State NC	Zip Code 28227	Transaction ID : <b>29d3f1cc-caa5-4104-8</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 19 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Damian B Robinson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 19 / 2014</b>	
Mailing Address 701 Green Mountain Dr Apt 1312		Amount <b>20.00</b>	
City Little Rock	State AR	Zip Code 72211	Transaction ID : <b>e2a272d3-8870-479d-b</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 19 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>42.83</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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
Damian B Robinson
Mailing Address
701 Green Mountain Dr
Apt 1312
City
Little Rock
State
AR
Zip Code
72211
Purpose of Expenditure
Mileage
Category/Type
002
Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 19 / 2014
Amount
4.20
Transaction ID : a174c3f6-d736-4d0a-9
Date of Disbursement or Obligation
07 / 19 / 2014
Office Sought:
House
Senate
District: 00
State: AR
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Larry Freeman
Mailing Address
11214 Mesa drive
City
Little rock
State
AR
Zip Code
72211
Purpose of Expenditure
Salary
Category/Type
001
Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 19 / 2014
Amount
20.00
Transaction ID : 5c2687ef-001e-4e01-8
Date of Disbursement or Obligation
07 / 19 / 2014
Office Sought:
House
Senate
District: 00
State: AR
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 24.20
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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
Timothy Foley
Mailing Address
20679 Glenbrook Terrace
City
Sterling State
VA Zip Code
20165
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 19 / 2014
Amount
20.00
Transaction ID : f0025c82-170f-4874-8
Date of Disbursement or Obligation
07 / 19 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Amy E Bancroft
Mailing Address
4106 Sterling Trace
City
Winterville State
NC Zip Code
28590
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 19 / 2014
Amount
14.50
Transaction ID : 1864b834-93e1-4f2e-9
Date of Disbursement or Obligation
07 / 19 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 34.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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: Amy E Bancroft
Mailing Address: 4106 Sterling Trace
City: Winterville, State: NC, Zip Code: 28590
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/19/2014
Amount: 2.70
Transaction ID: a3b8467b-3575-45d7-9
Date of Disbursement or Obligation: 07/19/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

Full Name of Payee: Joanna Kindstedt
Mailing Address: 2134 Tobaccoville Rd
City: Rural Hall, State: NC, Zip Code: 27045
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/19/2014
Amount: 30.00
Transaction ID: 87a7dc9f-50a3-42e8-9
Date of Disbursement or Obligation: 07/19/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 32.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
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
James Kindstedt
Mailing Address
5510 Dogwood Dr
City
Winston Salem State
NC Zip Code
27105
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 19 / 2014
Amount
30.00
Transaction ID : bef5aea4-5b5d-4c7a-9
Date of Disbursement or Obligation
07 / 19 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
James Kindstedt
Mailing Address
5510 Dogwood Dr
City
Winston Salem State
NC Zip Code
27105
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 19 / 2014
Amount
11.55
Transaction ID : 38b495a2-32c3-40cc-a
Date of Disbursement or Obligation
07 / 19 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 41.55
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER <b>C C00530766</b>
---	---

Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Kristen Clapper</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>07 / 19 / 2014</b>	
Mailing Address <b>924 French Street</b>		Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>	
City <b>New Orleans</b>	State <b>LA</b>	Zip Code <b>70124</b>	<b>Transaction ID : 491c1621-501c-41ec-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>07 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Andrea L Hammond</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>07 / 19 / 2014</b>	
Mailing Address <b>12920 Kneeland Ln</b>		Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>	
City <b>Neosho</b>	State <b>MO</b>	Zip Code <b>64850</b>	<b>Transaction ID : 8734f9cd-2ba7-48a3-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>07 / 19 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">80.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 M M / D D / Y Y Y Y Y Y  
**05 / 14 / 2015**

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 Andrea L Hammond

Date of Public Distribution/Dissemination 07 / 19 / 2014

Mailing Address 12920 Kneeland Ln

Amount 36.90
Transaction ID : 40a4f1d5-6540-476f-a

City Neosho State MO Zip Code 64850

Date of Disbursement or Obligation

Purpose of Expenditure Mileage

Category/Type 002

Date of Disbursement or Obligation 07 / 19 / 2014

Name of Federal Candidate Mr. Mark L Pryor Support Oppose

Office Sought: House Senate District: 00 State: AR

Calendar Year-To-Date Per Election for Office Sought 292370.62

Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Peter Sahuc

Date of Public Distribution/Dissemination 07 / 19 / 2014

Mailing Address 107 Phillip Ave

Amount 20.00
Transaction ID : 8f6f5fe8-c522-4295-9

City Lafayette State LA Zip Code 70503

Date of Disbursement or Obligation

Purpose of Expenditure Salary

Category/Type 001

Date of Disbursement or Obligation 07 / 19 / 2014

Name of Federal Candidate Ms. Mary L Landrieu Support Oppose

Office Sought: House Senate District: 00 State: LA

Calendar Year-To-Date Per Election for Office Sought 554635.78

Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 56.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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 Peter Sahuc
Mailing Address 107 Phillip Ave
City Lafayette State LA Zip Code 70503
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07 / 19 / 2014
Amount 1.29
Transaction ID : 90b50a5a-cf4f-4f20-b
Date of Disbursement or Obligation 07 / 19 / 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 Sarinda S Dudley
Mailing Address 4367 Splitlog Rd
City Goodman State MO Zip Code 64843
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07 / 19 / 2014
Amount 20.00
Transaction ID : d6eb9e37-f8b6-4e27-b
Date of Disbursement or Obligation 07 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 21.29
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Sarinda S Dudley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 19 / 2014</b>	
Mailing Address 4367 Splitlog Rd		Amount <b>27.00</b>	
City Goodman	State MO	Zip Code 64843	Transaction ID : <b>e10c0e45-2d17-4635-9</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 19 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Alexa S Dudley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 19 / 2014</b>	
Mailing Address 4367 Splitlog Rd		Amount <b>20.00</b>	
City Goodman	State MO	Zip Code 64843	Transaction ID : <b>6ba76f55-68ee-40b5-b</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 19 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>47.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date **05 / 14 / 2015**

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: Dylan Simon
Mailing Address: 111 Millrock Drive
City: Lafayette, State: LA, Zip Code: 70508
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/19/2014
Amount: 20.33
Transaction ID: b1ecc97a-3cb7-4546-8
Date of Disbursement or Obligation: 07/19/2014
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: 554635.78

Full Name of Payee: Dylan Simon
Mailing Address: 111 Millrock Drive
City: Lafayette, State: LA, Zip Code: 70508
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/19/2014
Amount: 6.30
Transaction ID: be862d0b-835f-4129-9
Date of Disbursement or Obligation: 07/19/2014
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: 554635.78

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures: 26.63
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
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 James W Blevins
Mailing Address 108 East Clinton St PO Box 410
City Salemburg State NC Zip Code 28385
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/19/2014
Amount 35.00
Transaction ID : dbcf6c19-cacd-44a0-9
Date of Disbursement or Obligation 07/19/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee James W Blevins
Mailing Address 108 East Clinton St PO Box 410
City Salemburg State NC Zip Code 28385
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/19/2014
Amount 7.38
Transaction ID : a39c713b-717d-4e56-a
Date of Disbursement or Obligation 07/19/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 42.38
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>	
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 <b>Kevin L Battle</b>		Date of Public Distribution/Dissemination <b>07 / 19 / 2014</b>	
Mailing Address <b>3300 Asher Ave</b>		Amount <b>60.00</b>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72204</b>	Transaction ID : <b>3213203c-bdeb-4c02-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation <b>07 / 19 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Kevin L Battle</b>		Date of Public Distribution/Dissemination <b>07 / 19 / 2014</b>	
Mailing Address <b>3300 Asher Ave</b>		Amount <b>13.20</b>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72204</b>	Transaction ID : <b>4ded3c73-6a56-4c7a-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation <b>07 / 19 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>73.20</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**  
[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
Tylan S Green
Mailing Address
2320 Saint Nick Dr
City
New Orleans State
LA Zip Code
70131
Purpose of Expenditure
Salary Category/
Type
001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 19 / 2014
Amount
110.00
Transaction ID : 10d6be6b-e49b-4c7d-9
Date of Disbursement or Obligation
07 / 19 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Tylan S Green
Mailing Address
2320 Saint Nick Dr
City
New Orleans State
LA Zip Code
70131
Purpose of Expenditure
Mileage Category/
Type
002
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 19 / 2014
Amount
5.40
Transaction ID : b4c6bfe9-75b4-4002-a
Date of Disbursement or Obligation
07 / 19 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 115.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
Signature



# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Barbara A Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 19 / 2014</b>
Mailing Address 3002 Darden Rd Apt A		Amount <b>106.50</b>
City Greensboro	State NC	Zip Code 27407
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : <b>1996b555-bc9b-4562-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 19 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 19 / 2014</b>
Mailing Address 6412 Osage Dr		Amount <b>65.00</b>
City North Little rock	State AR	Zip Code 72116
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : <b>9a13dd8a-397e-4efb-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 19 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought	<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>171.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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: Kenny Wallis
Mailing Address: 6412 Osage Dr
City: North Little rock, State: AR, Zip Code: 72116
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/19/2014
Amount: 16.14
Transaction ID: 08d127ca-cf6a-481b-a
Name of Federal Candidate: Mr. Mark L Pryor, Office Sought: Senate, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: General 2014

Full Name of Payee: Cory Bryson
Mailing Address: 216 Dogwood Ln
City: Belmont, State: NC, Zip Code: 28012
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/19/2014
Amount: 95.00
Transaction ID: 4aa37025-9c0c-40d7-a
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 111.14
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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
Cory Bryson
Mailing Address
216 Dogwood Ln
City
Belmont State
NC Zip Code
28012
Date of Public Distribution/Dissemination
07 / 19 / 2014
Amount
34.50
Transaction ID : 184bfc65-c775-4ba2-b
Date of Disbursement or Obligation
07 / 19 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Francis Richardson
Mailing Address
220 Doucet Rd
City
Lafayette State
LA Zip Code
70503
Date of Public Distribution/Dissemination
07 / 19 / 2014
Amount
25.00
Transaction ID : 129c3c6e-845e-4196-a
Date of Disbursement or Obligation
07 / 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
554635.78
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 59.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Francis Richardson
Mailing Address
220 Doucet Rd
City
Lafayette State
LA Zip Code
70503
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 19 / 2014
Amount
1.68
Transaction ID : 31830686-f169-400b-9
Date of Disbursement or Obligation
07 / 19 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Chris McCoy
Mailing Address
1025 Cayley Ct
City
High Point State
NC Zip Code
27260
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 19 / 2014
Amount
50.00
Transaction ID : 084cb9fc-dc9f-4e15-b
Date of Disbursement or Obligation
07 / 19 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 51.68
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Chris McCoy
Mailing Address: 1025 Cayley Ct
City: High Point, State: NC, Zip Code: 27260
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/19/2014
Amount: 11.40
Transaction ID: 02d11389-0f48-4258-8
Date of Disbursement or Obligation: 07/19/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Danielle McCoy
Mailing Address: 1025 Cayley Ct
City: High Point, State: NC, Zip Code: 27260
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/19/2014
Amount: 55.00
Transaction ID: df6d2d63-b31e-4ec0-8
Date of Disbursement or Obligation: 07/19/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 66.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Danielle McCoy</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 19 / 2014</b>
Mailing Address <b>1025 Cayley Ct</b>	Amount <span style="border: 1px solid black; padding: 2px;">12.30</span>
City <b>High Point</b> State <b>NC</b> Zip Code <b>27260</b>	<b>Transaction ID : 05059974-a25c-419c-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 19 / 2014</b>
Purpose of Expenditure <b>Mileage</b> Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Name of Federal Candidate <b>Ms. Kay Hagan</b> <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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Amelia Brackett</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 19 / 2014</b>
Mailing Address <b>804 Roundabout Circle</b>	Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>
City <b>Searcy</b> State <b>AR</b> Zip Code <b>72143</b>	<b>Transaction ID : dc8fe543-cf4a-4143-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 19 / 2014</b>
Purpose of Expenditure <b>Salary</b> Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Name of Federal Candidate <b>Mr. Mark L Pryor</b> <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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">92.30</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
**05 / 14 / 2015**

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: Reagan Brackett
Mailing Address: 502 E Center Ave
City: Searcy, State: AR, Zip Code: 72143
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/19/2014
Amount: 80.00
Transaction ID: e0c59a87-1956-4cf5-a
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Reagan Brackett
Mailing Address: 502 E Center Ave
City: Searcy, State: AR, Zip Code: 72143
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/19/2014
Amount: 80.25
Transaction ID: 53ec9298-6819-4217-b
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 160.25
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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
07 / 19 / 2014
Amount
60.00
Transaction ID : 0b25666a-926b-4973-a
Date of Disbursement or Obligation
07 / 19 / 2014

Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose
Office Sought:
House
Senate
District: 00
State: NC

Disbursement For:
Primary
General
Other (specify)
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

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

Date of Public Distribution/Dissemination
07 / 19 / 2014
Amount
60.00
Transaction ID : afe96c96-b954-4c2d-b
Date of Disbursement or Obligation
07 / 19 / 2014

Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose
Office Sought:
House
Senate
District: 00
State: NC

Disbursement For:
Primary
General
Other (specify)
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

(a) SUBTOTAL of Itemized Independent Expenditures..... 120.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>OBrian Price</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 19 / 2014</b>
Mailing Address 2400 Covenant Cove		Amount <b>25.00</b>
City Little Rock	State AR	Zip Code 72204
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : <b>cd1f1402-ca6f-4641-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 19 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought	<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>OBrian Price</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 19 / 2014</b>
Mailing Address 2400 Covenant Cove		Amount <b>6.60</b>
City Little Rock	State AR	Zip Code 72204
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : <b>085e231f-5cb3-47e1-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 19 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought	<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>31.60</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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: Phillip Williams
Mailing Address: 3007 Darden Rd
City: Greensboro, State: NC, Zip Code: 27407
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/19/2014
Amount: 102.50
Transaction ID: 4867f80e-0455-416c-9
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Phillip Williams
Mailing Address: 3007 Darden Rd
City: Greensboro, State: NC, Zip Code: 27407
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/19/2014
Amount: 19.50
Transaction ID: 8949eec2-e622-490e-b
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 122.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Beverly Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 19 / 2014</b>
Mailing Address 3007 Darden Rd		Amount <b>102.50</b>
City Greensboro	State NC	Zip Code 27407
Purpose of Expenditure Salary	Category/Type <b>001</b>	Transaction ID : <b>944a450c-6802-4eb7-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 19 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Lily Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 19 / 2014</b>
Mailing Address 205 Medallion Circle		Amount <b>80.00</b>
City Shreveport	State LA	Zip Code 71119
Purpose of Expenditure Salary	Category/Type <b>001</b>	Transaction ID : <b>24925650-d901-41d1-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 19 / 2014</b>
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	<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>182.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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

Full Name of Payee <b>Lily Green</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 19 / 2014</b>	
Mailing Address 205 Medallion Circle		Amount <b>19.50</b>	
City Shreveport	State LA	Zip Code 71119	<b>Transaction ID : 91e5cd7a-b405-40f7-8</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 19 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Petrina Williams</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 19 / 2014</b>	
Mailing Address 3007 Darden Rd		Amount <b>110.00</b>	
City Greensboro	State NC	Zip Code 27407	<b>Transaction ID : edf1f602-af4b-4522-b</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 19 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>129.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Petrina Williams</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 19 / 2014
Mailing Address 3007 Darden Rd	Amount <span style="border: 1px solid black; padding: 2px;">27.60</span>
City Greensboro State NC Zip Code 27407	
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : bbd6bc53-70ad-4d1b-9**  
Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y  
07 / 19 / 2014

Full Name of Payee <b>Earl Stewart</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 19 / 2014
Mailing Address 9455 Snow Camp Road	Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>
City Snowcamp State NC Zip Code 27349	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : bb197cec-b44d-4e4c-8**  
Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y  
07 / 19 / 2014

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">87.60</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

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: Earl Stewart
Mailing Address: 9455 Snow Camp Road
City: Snowcamp, State: NC, Zip Code: 27349
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/19/2014
Amount: 7.50
Transaction ID: 9d21a041-6ccb-41a3-8
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Robin L Bennett
Mailing Address: 3505 Beaumont St, Apt 13D
City: Neosho, State: MO, Zip Code: 64850
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/19/2014
Amount: 20.00
Transaction ID: b6401d85-ea6b-4e99-b
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 27.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name of Payee <b>Robin L Bennett</b>		Date of Public Distribution/Dissemination 07 / 19 / 2014
Mailing Address 3505 Beaumont St Apt 13D		Amount 28.50
City Neosho	State MO	Zip Code 64850
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : <b>d656c6fa-8859-47f3-9</b> Date of Disbursement or Obligation 07 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<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: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Ms. Tonya Boyd</b>		Date of Public Distribution/Dissemination 07 / 19 / 2014
Mailing Address 2357 Fancy Cap Rd		Amount 50.00
City Mt. Airy	State NC	Zip Code 27030
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : <b>30539627-61f9-40ef-8</b> Date of Disbursement or Obligation 07 / 19 / 2014
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	78.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015  
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Ms. Tonya Boyd</b>		Date of Public Distribution/Dissemination 07 / 19 / 2014
Mailing Address 2357 Fancy Cap Rd		Amount 13.56
City Mt. Airy	State NC	Zip Code 27030
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 2fd5f772-c8a8-4104-9 Date of Disbursement or Obligation 07 / 19 / 2014
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Danielle Landry</b>		Date of Public Distribution/Dissemination 07 / 20 / 2014
Mailing Address 1089 Oleste Tauzin Road		Amount 40.00
City Breux Bridge	State LA	Zip Code 70517
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 55ebb87e-1741-43bd-8 Date of Disbursement or Obligation 07 / 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: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	53.56
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Danielle Landry</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 20 / 2014</b>
Mailing Address 1089 Oleste Tauzin Road	Amount <b>14.40</b>
City Breaux Bridge	State LA
Zip Code 70517	Transaction ID : <b>aab14f5e-ac36-4944-8</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>
Name of Federal Candidate Ms. Mary L Landrieu	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 20 / 2014</b>
<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 <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Mr. Alex Peyton</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 20 / 2014</b>
Mailing Address 859 Hicks Rd	Amount <b>70.00</b>
City Washington	State LA
Zip Code 70589	Transaction ID : <b>3a15425b-89b2-4b12-b</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>
Name of Federal Candidate Ms. Mary L Landrieu	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 20 / 2014</b>
<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 <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>84.40</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Mr. Alex Peyton</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 20 / 2014</b>
Mailing Address <b>859 Hicks Rd</b>	Amount <b>37.50</b>
City <b>Washington</b> State <b>LA</b> Zip Code <b>70589</b>	Transaction ID : <b>e2333d8f-f268-4b02-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 20 / 2014</b>
Purpose of Expenditure <b>Mileage</b> Category/Type <b>002</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Vonniqua Jackson</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 20 / 2014</b>
Mailing Address <b>111 Westchester Blvd</b>	Amount <b>13.00</b>
City <b>Slidell</b> State <b>LA</b> Zip Code <b>70458</b>	Transaction ID : <b>d6ea1511-29ac-4e1f-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 20 / 2014</b>
Purpose of Expenditure <b>Salary</b> Category/Type <b>001</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>50.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Ms. Emily Buchanan [Electronically Filed] Date **05 / 14 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Ralphie Lockhart</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 20 / 2014
Mailing Address 6310 Col Glenn Rd	Amount <span style="border: 1px solid black; padding: 2px;">50.00</span>
City State Zip Code Little Rock AR 72204	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Mr. Mark L Pryor	<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: AR
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

**Transaction ID : 35ae71bb-6ce3-4ddc-8**  
Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2014

Full Name of Payee <b>Larry Freeman</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 20 / 2014
Mailing Address 11214 Mesa drive	Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>
City State Zip Code Little rock AR 72211	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Mr. Mark L Pryor	<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: AR
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

**Transaction ID : 373ffd03-6a4a-4583-b**  
Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2014

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">110.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

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
OBrian Price
Mailing Address 2400 Covenant Cove
City Little Rock State AR Zip Code 72204
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/20/2014
Amount 60.00
Transaction ID : 722ba27b-faf0-4fd9-8
Date of Disbursement or Obligation 07/20/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
OBrian Price
Mailing Address 2400 Covenant Cove
City Little Rock State AR Zip Code 72204
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/20/2014
Amount 80.40
Transaction ID : ada51394-b6dd-42f7-8
Date of Disbursement or Obligation 07/20/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 140.40
(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 05/14/2015
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
Elizabeth Hanks
Mailing Address
891 W. Melmar
City
Fayetteville State
AR Zip Code
72703
Purpose of Expenditure
Salary Category/
Type 001

Date of Public Distribution/Dissemination
07 / 20 / 2014
Amount
25.00
Transaction ID : 78b15168-7639-48c3-a
Date of Disbursement or Obligation
07 / 20 / 2014

Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Office Sought:
House
Senate
District: 00
State: AR

Disbursement For:
Primary
General
Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
292370.62
Full Name of Payee
Elizabeth Hanks
Mailing Address
891 W. Melmar
City
Fayetteville State
AR Zip Code
72703
Purpose of Expenditure
Mileage Category/
Type 002

Date of Public Distribution/Dissemination
07 / 20 / 2014
Amount
3.60
Transaction ID : 8d7a380b-c767-48cf-b
Date of Disbursement or Obligation
07 / 20 / 2014

Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Office Sought:
House
Senate
District: 00
State: AR

Disbursement For:
Primary
General
Other (specify)

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures: 28.60. Row (b) SUBTOTAL of Unitemized Independent Expenditures. Row (c) TOTAL Independent Expenditures.

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

05 / 14 / 2015

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 Lily 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 07/20/2014
Amount 80.00
Transaction ID : 5ae5b9e9-0a3f-4e2d-8
Date of Disbursement or Obligation 07/20/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: General 2014

Full Name of Payee Lily 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 07/20/2014
Amount 21.00
Transaction ID : e72cad10-1f4a-4e23-a
Date of Disbursement or Obligation 07/20/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 101.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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 Tylan S Green
Mailing Address 2320 Saint Nick Dr
City New Orleans State LA Zip Code 70131
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination 07/20/2014
Amount 50.00
Transaction ID : 4a2e4d74-8e95-49bf-8
Date of Disbursement or Obligation 07/20/2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General 2014

Full Name of Payee Tylan S Green
Mailing Address 2320 Saint Nick Dr
City New Orleans State LA Zip Code 70131
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination 07/20/2014
Amount 3.00
Transaction ID : 1c14c095-18a7-4ba5-9
Date of Disbursement or Obligation 07/20/2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 53.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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 Lisa Booth
Mailing Address 1434 South Avenue
City Eden State NC Zip Code 27288
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/20/2014
Amount 100.00
Transaction ID : cb49c002-3188-4742-8
Date of Disbursement or Obligation 07/20/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Lisa Booth
Mailing Address 1434 South Avenue
City Eden State NC Zip Code 27288
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/20/2014
Amount 10.20
Transaction ID : b70dd9ee-8980-4b34-8
Date of Disbursement or Obligation 07/20/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 110.20
(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 05/14/2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination 07 / 20 / 2014
Mailing Address 6412 Osage Dr		Amount 45.00
City North Little rock	State AR	Zip Code 72116
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation 07 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<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: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination 07 / 20 / 2014
Mailing Address 6412 Osage Dr		Amount 8.67
City North Little rock	State AR	Zip Code 72116
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation 07 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<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: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	53.67
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Francis Richardson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 20 / 2014</b>	
Mailing Address 220 Doucet Rd		Amount <b>25.00</b>	
City <b>Lafayette</b>	State <b>LA</b>	Zip Code <b>70503</b>	Transaction ID : <b>7f000dd2-e94d-48a6-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 20 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Francis Richardson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 20 / 2014</b>	
Mailing Address 220 Doucet Rd		Amount <b>1.32</b>	
City <b>Lafayette</b>	State <b>LA</b>	Zip Code <b>70503</b>	Transaction ID : <b>b0a124ba-cbda-4232-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 20 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>26.32</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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: Patrice Wolfe
Mailing Address: 9909 Treasure Hill Rd
City: Little Rock, State: AR, Zip Code: 72205
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/20/2014
Amount: 25.00
Transaction ID: fe7b9e3f-3157-4f5c-8
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Patrice Wolfe
Mailing Address: 9909 Treasure Hill Rd
City: Little Rock, State: AR, Zip Code: 72205
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/20/2014
Amount: 4.20
Transaction ID: 05d51fbe-5b29-448f-b
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 29.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold;">C</span> 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 <b>Chris McCoy</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     MM / DD / YYYY                      07 / 20 / 2014                 </div>
Mailing Address    1025 Cayley Ct	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">                     70.00                 </div>
City                                  State                                  Zip Code High Point                                  NC                                  27260	<b>Transaction ID : 10323328-125b-4082-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     MM / DD / YYYY                      07 / 20 / 2014                 </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">001</div>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Chris McCoy</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     MM / DD / YYYY                      07 / 20 / 2014                 </div>
Mailing Address    1025 Cayley Ct	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">                     15.30                 </div>
City                                  State                                  Zip Code High Point                                  NC                                  27260	<b>Transaction ID : 3de2064e-e0a6-4460-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     MM / DD / YYYY                      07 / 20 / 2014                 </div>
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">002</div>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">                     85.30                 </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">                     _____                 </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; 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    

MM / DD / YYYY  
 05 / 14 / 2015

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: Danielle McCoy
Mailing Address: 1025 Cayley Ct
City: High Point, State: NC, Zip Code: 27260
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/20/2014
Amount: 75.00
Transaction ID: 8dbfc1a3-464d-4b84-9
Date of Disbursement or Obligation: 07/20/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Danielle McCoy
Mailing Address: 1025 Cayley Ct
City: High Point, State: NC, Zip Code: 27260
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/20/2014
Amount: 13.80
Transaction ID: 28ab5ec9-ef5e-423c-a
Date of Disbursement or Obligation: 07/20/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 88.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Casey Stockton
Mailing Address
105 South Dale St
City
Spruce Pine State
NC Zip Code
28777
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 21 / 2014
Amount
45.00
Transaction ID : e0f6f605-b48e-435a-9
Date of Disbursement or Obligation
07 / 21 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Casey Stockton
Mailing Address
105 South Dale St
City
Spruce Pine State
NC Zip Code
28777
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 21 / 2014
Amount
17.10
Transaction ID : d86cd4b8-7360-42b7-b
Date of Disbursement or Obligation
07 / 21 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures: 62.10. Row (b) SUBTOTAL of Unitemized Independent Expenditures. Row (c) TOTAL Independent Expenditures.

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

Signature Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015

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 Johnson
Mailing Address
105 South Dale St
City
Spruce Pine State
NC Zip Code
28777
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 21 / 2014
Amount
45.00
Transaction ID : 73408ccd-be2f-4fbb-9
Date of Disbursement or Obligation
07 / 21 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Gabiella E Hansen
Mailing Address
310 West Meath Drive
City
Winterville State
NC Zip Code
28590
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 21 / 2014
Amount
20.00
Transaction ID : 63266937-54f6-41ce-b
Date of Disbursement or Obligation
07 / 21 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 65.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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
Anthony Buchanan
Mailing Address
1090 McHone Rd
City
Spruce Pine State
NC Zip Code
28777
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 21 / 2014
Amount
45.00
Transaction ID : cff5482-6d0e-495d-a
Date of Disbursement or Obligation
07 / 21 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Caleb Craig
Mailing Address
1410 Bushville drive
City
Lenoir State
NC Zip Code
28645
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 21 / 2014
Amount
100.00
Transaction ID : a282c438-3b6c-4974-9
Date of Disbursement or Obligation
07 / 21 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 145.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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 Caleb Craig
Mailing Address 1410 Bushville drive
City Lenoir State NC Zip Code 28645
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination 07 / 21 / 2014
Amount 15.00
Transaction ID : 01af1fdb-ee6d-408b-b
Date of Disbursement or Obligation 07 / 21 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General 2014

Full Name of Payee Morgan R Padgett
Mailing Address 2164 Kay Rd
City Greenville State NC Zip Code 27858
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination 07 / 21 / 2014
Amount 20.00
Transaction ID : e90c1959-af32-4f0e-a
Date of Disbursement or Obligation 07 / 21 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 35.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Morgan R Padgett</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 21 / 2014</b>
Mailing Address 2164 Kay Rd		Amount 5.40
City Greenville	State NC	Zip Code 27858
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : <b>7ef2aa00-33bd-4af1-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 21 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Virginia M Stevens</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 21 / 2014</b>
Mailing Address 1691 Fork Mtn Rd		Amount 50.00
City Bakersville	State NC	Zip Code 28705
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : <b>5a36b56e-1812-43ee-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 21 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	55.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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 M Stevens
Mailing Address
1691 Fork Mtn Rd
City
Bakersville State
NC Zip Code
28705
Date of Public Distribution/Dissemination
07 / 21 / 2014
Amount
16.20
Transaction ID : 108cff7a-ed32-460b-8
Date of Disbursement or Obligation
07 / 21 / 2014
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose Office Sought:
House Senate District:
00 State:
NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Malinda Ledford
Mailing Address
44 Bell Street Ext
City
Spruce Pine State
NC Zip Code
28777
Date of Public Distribution/Dissemination
07 / 21 / 2014
Amount
50.00
Transaction ID : b729c543-07c4-406e-a
Date of Disbursement or Obligation
07 / 21 / 2014
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose Office Sought:
House Senate District:
00 State:
NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 66.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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 Malinda Ledford
Mailing Address 44 Bell Street Ext
City Spruce Pine State NC Zip Code 28777
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination 07 / 21 / 2014
Amount 16.20
Transaction ID : e5600a94-e17e-4499-a
Date of Disbursement or Obligation 07 / 21 / 2014
Office Sought: House District: 00
President Senate State: NC
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
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Calendar Year-To-Date Per Election for Office Sought 554635.78

Date of Public Distribution/Dissemination 07 / 21 / 2014
Amount 55.00
Transaction ID : 74c9dd0b-5e26-4203-9
Date of Disbursement or Obligation 07 / 21 / 2014
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 71.20
(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 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Amanda Boley</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address Split Oak Drive	Amount <input type="text"/>
City charlotte	State NC
Zip Code 28227	Transaction ID : <b>7a44b937-86b4-45d0-b</b>
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
554635.78	2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Rebecca Deucher</b>	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 4800 Vass Carthage Rd	Amount <input type="text"/>
City Carthage	State NC
Zip Code 28394	Transaction ID : <b>6b833e31-4e65-4059-8</b>
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Kay Hagan	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
1095959.94	2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<input type="text"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	<input type="text"/>
(c) <b>TOTAL</b> 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 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Rebecca Deucher
Mailing Address
4800 Vass Carthage Rd
City
Carthage State
NC Zip Code
28394
Date of Public Distribution/Dissemination
07 / 21 / 2014
Amount
26.40
Transaction ID : d7f35853-58c4-4464-8
Purpose of Expenditure
Mileage Category/
Type 002
Date of Disbursement or Obligation
07 / 21 / 2014
Name of Federal Candidate
Ms. Kay Hagan
Office Sought:
House District: 00
Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Francesca Blom
Mailing Address
101 Asbury Ct
City
Winchester State
VA Zip Code
22602
Date of Public Distribution/Dissemination
07 / 21 / 2014
Amount
80.00
Transaction ID : 4f69a1f7-1525-44ea-8
Purpose of Expenditure
Salary Category/
Type 001
Date of Disbursement or Obligation
07 / 21 / 2014
Name of Federal Candidate
Ms. Kay Hagan
Office Sought:
House District: 00
Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 106.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Lorri Anderson
Mailing Address: 7214 Duchamp Dr
City: Charlotte, State: NC, Zip Code: 23215
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/21/2014
Amount: 5.00
Transaction ID: bccd8c1e-e116-48ea-b
Date of Disbursement or Obligation: 07/21/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Lorri Anderson
Mailing Address: 7214 Duchamp Dr
City: Charlotte, State: NC, Zip Code: 23215
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/21/2014
Amount: 3.00
Transaction ID: 529fa593-da87-4c25-9
Date of Disbursement or Obligation: 07/21/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 8.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Tammy Williams</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 21 / 2014
Mailing Address 924 N. Prieur St	Amount <span style="border: 1px solid black; padding: 2px;">M M M M . M M</span> 45.00
City State Zip Code New Orleans LA 70116	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">M M M M . M M</span> 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	<span style="border: 1px solid black; padding: 2px;">M M M M . M M</span> 554635.78 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Tammy Williams</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 21 / 2014
Mailing Address 924 N. Prieur St	Amount <span style="border: 1px solid black; padding: 2px;">M M M M . M M</span> 12.00
City State Zip Code New Orleans LA 70116	
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">M M M M . M M</span> 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	<span style="border: 1px solid black; padding: 2px;">M M M M . M M</span> 554635.78 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">M M M M . M M</span> 57.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;">M M M M . M M</span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">M M M M . M M</span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015



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: Donald Dessauer
Mailing Address: 1804 Auburn Ave
City: Metairie, State: LA, Zip Code: 70003
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/21/2014
Amount: 15.00
Transaction ID: b0e4dc2b-7289-4622-8
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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Donald Dessauer
Mailing Address: 1804 Auburn Ave
City: Metairie, State: LA, Zip Code: 70003
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/21/2014
Amount: 0.30
Transaction ID: 0b40b148-cecc-4f60-8
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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 15.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Dylan Simon
Mailing Address: 111 Millrock Drive
City: Lafayette, State: LA, Zip Code: 70508
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 41.83
Transaction ID: 14bd895c-a8f2-4bbd-8
Date of Disbursement or Obligation: 07/21/2014
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: 554635.78

Full Name of Payee: Dylan Simon
Mailing Address: 111 Millrock Drive
City: Lafayette, State: LA, Zip Code: 70508
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 5.19
Transaction ID: 19c2cd30-6d26-450e-9
Date of Disbursement or Obligation: 07/21/2014
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: 554635.78

(a) SUBTOTAL of Itemized Independent Expenditures: 47.02
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Ms. Chassidy Menard</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 21 / 2014
Mailing Address 515 Walter Dr.	Amount <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 60.00
City Lafayette State LA Zip Code 70507	<b>Transaction ID : 522e8b4d-d031-450f-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Ms. Chassidy Menard</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 21 / 2014
Mailing Address 515 Walter Dr.	Amount <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 5.10
City Lafayette State LA Zip Code 70507	<b>Transaction ID : 041cac4c-1b88-43ed-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 65.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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 05 / 14 / 2015

Signature \_\_\_\_\_

### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Ky Broussard</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 21 / 2014</b>
Mailing Address 301 N Cedar Street		Amount <b>30.00</b>
City Abbeville	State LA	Zip Code 70510
Purpose of Expenditure Salary		Category/Type <b>001</b>
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Transaction ID : **4486b369-e5e4-49a8-b**  
Date of Disbursement or Obligation  
MM / DD / YYYY  
**07 / 21 / 2014**

Full Name of Payee <b>Ky Broussard</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 21 / 2014</b>
Mailing Address 301 N Cedar Street		Amount <b>12.90</b>
City Abbeville	State LA	Zip Code 70510
Purpose of Expenditure Mileage		Category/Type <b>002</b>
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Transaction ID : **c5e8f837-d8bb-4596-a**  
Date of Disbursement or Obligation  
MM / DD / YYYY  
**07 / 21 / 2014**

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>42.90</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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: Solveig Lysne
Mailing Address: 7121 Oyster Lane
City: Wilmington, State: NC, Zip Code: 28411
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/21/2014
Amount: 25.30
Transaction ID: f423dd80-16f7-44bc-a
Date of Disbursement or Obligation: 07/21/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Solveig Lysne
Mailing Address: 7121 Oyster Lane
City: Wilmington, State: NC, Zip Code: 28411
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/21/2014
Amount: 11.01
Transaction ID: d7a3c1b3-ed55-4370-8
Date of Disbursement or Obligation: 07/21/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 36.31
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
---	--	---

Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name of Payee <b>Sharon Lloyd</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 4301 Lankford		Amount <input type="text"/>	
City Springdale	State AR	Zip Code 72762	Transaction ID : <b>534093a8-9b5b-449d-8</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Mr. Mark L Pryor		<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>AR</u>
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) ▶ _____	
		<input type="text"/> 292370.62	

Full Name of Payee <b>Sharon Lloyd</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 4301 Lankford		Amount <input type="text"/>	
City Springdale	State AR	Zip Code 72762	Transaction ID : <b>b337d304-76e4-408d-8</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Mr. Mark L Pryor		<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>AR</u>
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) ▶ _____	
		<input type="text"/> 292370.62	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<input type="text"/> 86.98
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<input type="text"/>
(c) <b>TOTAL</b> 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.

Signature Ms. Emily Buchanan [Electronically Filed] Date  /  /

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Felice Barrett</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 21 / 2014</b>	
Mailing Address 1588 Asbury		Amount <b>85.00</b>	
City Springdale	State AR	Zip Code 72762	Transaction ID : <b>a9784946-729a-4268-b</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 21 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Felice Barrett</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 21 / 2014</b>	
Mailing Address 1588 Asbury		Amount <b>13.80</b>	
City Springdale	State AR	Zip Code 72762	Transaction ID : <b>f15b4023-d7f4-4640-b</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 21 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>98.80</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

[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
Melanie Slagle
Mailing Address
77 Southridge Drive
City
Spruce Pine State
NC Zip Code
28777
Purpose of Expenditure
Salary Category/
Type
001

Date of Public Distribution/Dissemination
07 / 21 / 2014
Amount
4.50
Transaction ID : 8bdb46de-585d-45c7-a
Date of Disbursement or Obligation
07 / 21 / 2014

Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose
Office Sought:
House
Senate
District:
00
State:
NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Melanie Slagle
Mailing Address
77 Southridge Drive
City
Spruce Pine State
NC Zip Code
28777
Purpose of Expenditure
Mileage Category/
Type
002

Date of Public Distribution/Dissemination
07 / 21 / 2014
Amount
2.40
Transaction ID : 84d8c1b3-f211-43c5-9
Date of Disbursement or Obligation
07 / 21 / 2014

Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose
Office Sought:
House
Senate
District:
00
State:
NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 6.90
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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 Peter Sahuc
Mailing Address 107 Phillip Ave
City Lafayette State LA Zip Code 70503
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/21/2014
Amount 30.00
Transaction ID : 49d2ef4c-1e30-44fc-9
Date of Disbursement or Obligation 07/21/2014
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 554635.78
Disbursement For: Primary General 2014

Full Name of Payee Peter Sahuc
Mailing Address 107 Phillip Ave
City Lafayette State LA Zip Code 70503
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/21/2014
Amount 2.55
Transaction ID : 1f90fcf2-b304-467b-a
Date of Disbursement or Obligation 07/21/2014
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 554635.78
Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 32.55
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Lily Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 21 / 2014</b>
Mailing Address 205 Medallion Circle		Amount <b>50.00</b>
City Shreveport	State LA	Zip Code 71119
Purpose of Expenditure Salary	Category/Type <b>001</b>	Transaction ID : <b>71456ff8-9eb9-4884-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 21 / 2014</b>
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	<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Lily Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 21 / 2014</b>
Mailing Address 205 Medallion Circle		Amount <b>22.50</b>
City Shreveport	State LA	Zip Code 71119
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Transaction ID : <b>0314fc05-ce16-4b7b-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 21 / 2014</b>
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	<b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>72.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Jenna M Ledford</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 21 / 2014</b>
Mailing Address 2279 Gouges Creek Rd	Amount <b>70.00</b>
City Spruce Pine	State NC
Zip Code 28777	<b>Transaction ID : 8a3bcdd1-f00f-46fa-b</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 21 / 2014</b>
Category/Type <b>001</b>	Name of Federal Candidate Ms. Kay Hagan
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jenna M Ledford</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 21 / 2014</b>
Mailing Address 2279 Gouges Creek Rd	Amount <b>28.44</b>
City Spruce Pine	State NC
Zip Code 28777	<b>Transaction ID : 9a796258-19d1-4c4d-8</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 21 / 2014</b>
Category/Type <b>002</b>	Name of Federal Candidate Ms. Kay Hagan
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>98.44</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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 Sherri Zerbel
Mailing Address 804 Mary Ave
City Neasho State MO Zip Code 64850
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/21/2014
Amount 62.50
Transaction ID : e83a61a1-a92b-4230-8
Date of Disbursement or Obligation 07/21/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Sherri Zerbel
Mailing Address 804 Mary Ave
City Neasho State MO Zip Code 64850
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/21/2014
Amount 25.50
Transaction ID : 799063dc-552b-4d58-9
Date of Disbursement or Obligation 07/21/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 88.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Danielle Landry</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 21 / 2014</b>
Mailing Address 1089 Oleste Tauzin Road		Amount <b>35.00</b>
City <b>Breaux Bridge</b>	State <b>LA</b>	Zip Code <b>70517</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Transaction ID : <b>2aa7ec54-b077-497c-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 21 / 2014</b>
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Danielle Landry</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 21 / 2014</b>
Mailing Address 1089 Oleste Tauzin Road		Amount <b>9.30</b>
City <b>Breaux Bridge</b>	State <b>LA</b>	Zip Code <b>70517</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Transaction ID : <b>58f932ee-df62-41df-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 21 / 2014</b>
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>44.30</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
**05 / 14 / 2015**

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
Emily Butler
Mailing Address
1676 Shady Creek Rd
City
Ayden State
NC Zip Code
28513
Date of Public Distribution/Dissemination
07 / 21 / 2014
Amount
10.00
Transaction ID : 85f04b99-6058-48e8-b
Date of Disbursement or Obligation
07 / 21 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought
1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Emily Butler
Mailing Address
1676 Shady Creek Rd
City
Ayden State
NC Zip Code
28513
Date of Public Distribution/Dissemination
07 / 21 / 2014
Amount
6.18
Transaction ID : 22e2cf8b-e7a5-4dec-b
Date of Disbursement or Obligation
07 / 21 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought
1095959.94
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 16.18
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Mr. Alex Peyton
Mailing Address: 859 Hicks Rd
City: Washington, State: LA, Zip Code: 70589
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/21/2014
Amount: 80.00
Transaction ID: 85acbb2e-56bc-4705-b
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: General 2014

Full Name of Payee: Mr. Alex Peyton
Mailing Address: 859 Hicks Rd
City: Washington, State: LA, Zip Code: 70589
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/21/2014
Amount: 39.60
Transaction ID: 0532d6c4-b305-4865-a
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 119.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Theresa A Touchet
Mailing Address
102 French Street #3
City
New Orleans State
LA Zip Code
70124
Purpose of Expenditure
Salary Category/
Type
001
Date of Public Distribution/Dissemination
07 / 21 / 2014
Amount
10.00
Transaction ID : b7ca66e3-a4ca-4b97-a
Date of Disbursement or Obligation
07 / 21 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Support
Oppose
Office Sought:
House
Senate
District: 00
State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Primary
General
2014
Other (specify)

Full Name of Payee
Theresa A Touchet
Mailing Address
102 French Street #3
City
New Orleans State
LA Zip Code
70124
Purpose of Expenditure
Mileage Category/
Type
002
Date of Public Distribution/Dissemination
07 / 21 / 2014
Amount
0.75
Transaction ID : 6d2a421e-cd72-4d5c-b
Date of Disbursement or Obligation
07 / 21 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Support
Oppose
Office Sought:
House
Senate
District: 00
State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Primary
General
2014
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 10.75
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER <b>C</b> C00530766
---	---

Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name of Payee <b>Lesley Lennox</b>	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	Transaction ID : <b>d3c6cb4a-d008-40ca-b</b>
Purpose of Expenditure Salary	Category/Type <input type="text"/>
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	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Lesley Lennox</b>	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	Transaction ID : <b>a78867a4-102e-47f2-b</b>
Purpose of Expenditure Mileage	Category/Type <input type="text"/>
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	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<input type="text"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<input type="text"/>
(c) <b>TOTAL</b> 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 [Electronically Filed] Date  /  /

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 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 07/21/2014
Amount 60.00
Transaction ID : 00addf72-dd86-41c3-9
Date of Disbursement or Obligation 07/21/2014
Name of Federal Candidate Ms. Kay Hagan
Office Sought: Senate State: NC
Disbursement For: General 2014

Full Name of Payee Brian Saltzler
Mailing Address 601 S College Road
City Wilmington State NC Zip Code 28403
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/21/2014
Amount 12.50
Transaction ID : 0ab35fd7-5715-45ba-8
Date of Disbursement or Obligation 07/21/2014
Name of Federal Candidate Ms. Kay Hagan
Office Sought: Senate State: NC
Disbursement For: General 2014

(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 05/14/2015
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: Brian Saltzler
Mailing Address: 601 S College Road
City: Wilmington, State: NC, Zip Code: 28403
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/21/2014
Amount: 1.80
Transaction ID: b364878c-ed9d-4ebc-a
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Amy Eddie
Mailing Address: 5006 Lakeview Road
City: North Little Rock, State: AR, Zip Code: 72116
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/21/2014
Amount: 20.00
Transaction ID: fba9f03b-b89e-466d-8
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 21.80
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Jeanne Tribou</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014
Mailing Address 22369 Ponderosa Dr.		Amount 3.60
City Mandeville	State LA	Zip Code 70471
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<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	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Transaction ID : 5b32a5e0-3f6d-4d4a-9

Full Name of Payee <b>Christine Stevens</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014
Mailing Address 100 Asbury Ct		Amount 60.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Transaction ID : 96b4af88-36f6-4e3a-8

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	63.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

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
City
Winchester State
VA Zip Code
22602
Date of Public Distribution/Dissemination
07 / 21 / 2014
Amount
60.00
Transaction ID : 5d929bc5-d015-4091-9
Date of Disbursement or Obligation
07 / 21 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought
1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Zachary Vidrine
Mailing Address
202 Rue Des Cajun
City
Ville Platte State
LA Zip Code
70586
Date of Public Distribution/Dissemination
07 / 21 / 2014
Amount
20.00
Transaction ID : aaf41c75-3a39-40bd-8
Date of Disbursement or Obligation
07 / 21 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought
554635.78
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 80.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>	
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 <b>Zachary Vidrine</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 21 / 2014</b>	
Mailing Address <b>202 Rue Des Cajun</b>		Amount <b>40.50</b>	
City <b>Ville Platte</b>	State <b>LA</b>	Zip Code <b>70586</b>	Transaction ID : <b>8147c74c-07d2-4bce-9</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 21 / 2014</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b>		<input type="checkbox"/> Support	Office Sought: <input type="checkbox"/> House District: <b>00</b>
		<input checked="" type="checkbox"/> Oppose	<input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Diane Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 21 / 2014</b>	
Mailing Address <b>4006 Wolkswalk Place</b>		Amount <b>30.00</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27610</b>	Transaction ID : <b>1598c698-b1c3-419e-a</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 21 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support	Office Sought: <input type="checkbox"/> House District: <b>00</b>
		<input checked="" type="checkbox"/> Oppose	<input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>70.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: MM / DD / YYYY  
**05 / 14 / 2015**

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
Diane Smith
Mailing Address
4006 Wolkswalk Place
City Raleigh State NC Zip Code 27610
Purpose of Expenditure
Mileage Category/Type 002
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination
07 / 21 / 2014
Amount
6.30
Transaction ID : 22c63351-34ce-40e1-a
Date of Disbursement or Obligation
07 / 21 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General 2014
Other (specify)

Full Name of Payee
Kenny Wallis
Mailing Address
6412 Osage Dr
City North Little rock State AR Zip Code 72116
Purpose of Expenditure
Salary Category/Type 001
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 292370.62

Date of Public Distribution/Dissemination
07 / 21 / 2014
Amount
25.00
Transaction ID : f4db0725-ec12-4bae-8
Date of Disbursement or Obligation
07 / 21 / 2014
Office Sought: House District: 00
President Senate State: AR
Disbursement For: Primary General 2014
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 31.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Kenny Wallis</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 21 / 2014</b>
Mailing Address 6412 Osage Dr	Amount <b>11.46</b>
City North Little rock	State AR
Zip Code 72116	Transaction ID : <b>ab8ccd2d-ed36-42ae-8</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 21 / 2014</b>
Category/Type <b>002</b>	
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Anna Harris</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 21 / 2014</b>
Mailing Address 3654 Tara St	Amount <b>30.00</b>
City Springdale	State AR
Zip Code 72762	Transaction ID : <b>b32a3e6d-5117-4739-b</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 21 / 2014</b>
Category/Type <b>001</b>	
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>41.46</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Anna Harris</b>		Date of Public Distribution/Dissemination 07 / 21 / 2014
Mailing Address 3654 Tara St		Amount 7.20
City Springdale	State AR	Zip Code 72762
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : d4de9a7f-17ad-4ebe-8 Date of Disbursement or Obligation 07 / 21 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<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: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Larry Freeman</b>		Date of Public Distribution/Dissemination 07 / 21 / 2014
Mailing Address 11214 Mesa drive		Amount 25.00
City Little rock	State AR	Zip Code 72211
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 958c5aff-1c53-4a6f-b Date of Disbursement or Obligation 07 / 21 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<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: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	32.20
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 05 / 14 / 2015

[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 Francis Richardson
Mailing Address 220 Doucet Rd
City Lafayette State LA Zip Code 70503
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/21/2014
Amount 40.00
Transaction ID : 22ab91ec-07ba-4d86-a
Date of Disbursement or Obligation 07/21/2014
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 554635.78
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Francis Richardson
Mailing Address 220 Doucet Rd
City Lafayette State LA Zip Code 70503
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/21/2014
Amount 5.61
Transaction ID : a194ef20-bdab-444e-9
Date of Disbursement or Obligation 07/21/2014
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 554635.78
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 45.61
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
OBrian Price
Mailing Address
2400 Covenant Cove
City
Little Rock State
AR Zip Code
72204
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
07 / 21 / 2014
Amount
25.00
Transaction ID : 8c2007b5-42ca-4542-9
Date of Disbursement or Obligation
07 / 21 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Office Sought:
House District: 00
President Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
OBrian Price
Mailing Address
2400 Covenant Cove
City
Little Rock State
AR Zip Code
72204
Purpose of Expenditure
Mileage Category/Type
002
Date of Public Distribution/Dissemination
07 / 21 / 2014
Amount
11.13
Transaction ID : 2e1e7261-b961-4f24-9
Date of Disbursement or Obligation
07 / 21 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Office Sought:
House District: 00
President Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 36.13
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Damian B Robinson
Mailing Address
701 Green Mountain Dr
Apt 1312
City
Little Rock State
AR Zip Code
72211
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 21 / 2014
Amount
20.00
Transaction ID : db0ff710-bdac-4ea2-b
Date of Disbursement or Obligation
07 / 21 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Damian B Robinson
Mailing Address
701 Green Mountain Dr
Apt 1312
City
Little Rock State
AR Zip Code
72211
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 21 / 2014
Amount
2.40
Transaction ID : bffda05-d9f0-4dd2-a
Date of Disbursement or Obligation
07 / 21 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 22.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <b>Ms. Tonya Boyd</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 21 / 2014</b>	
Mailing Address 2357 Fancy Cap Rd		Amount <b>90.00</b>	
City Mt. Airy	State NC	Zip Code 27030	<b>Transaction ID : 8b17aeaa-bdfc-4f21-9</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 21 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Ms. Tonya Boyd</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 21 / 2014</b>	
Mailing Address 2357 Fancy Cap Rd		Amount <b>22.53</b>	
City Mt. Airy	State NC	Zip Code 27030	<b>Transaction ID : 46dc167b-6d95-46a5-9</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 21 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>112.53</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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
Xavier Miller
Mailing Address
407 randall Dr
City
Searcy State
AR Zip Code
72143
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
07 / 21 / 2014
Amount
80.00
Transaction ID : 87059367-372a-4d0f-8
Date of Disbursement or Obligation
07 / 21 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Xavier Miller
Mailing Address
407 randall Dr
City
Searcy State
AR Zip Code
72143
Purpose of Expenditure
Mileage Category/Type
002
Date of Public Distribution/Dissemination
07 / 21 / 2014
Amount
85.80
Transaction ID : d5c56fc3-2f45-49bc-a
Date of Disbursement or Obligation
07 / 21 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 165.80
(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 05 / 14 / 2015
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 Jeffrey Hampton
Mailing Address 1700 E Part Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/21/2014
Amount 61.60
Transaction ID : 06c9213d-856b-4e05-8
Date of Disbursement or Obligation 07/21/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Jeffrey Hampton
Mailing Address 1700 E Part Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/21/2014
Amount 80.88
Transaction ID : 541e3d04-7961-41b6-8
Date of Disbursement or Obligation 07/21/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 142.48
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Anthony Pearson
Mailing Address: 112 apache Dr
City: Search State: AR Zip Code: 72149
Purpose of Expenditure: Salary Category/Type: 001
Date of Public Distribution/Dissemination: 07/21/2014
Amount: 65.00
Transaction ID: c143f5de-b229-48b4-b
Date of Disbursement or Obligation: 07/21/2014
Name of Federal Candidate: Mr. Mark L Pryor
Office Sought: Senate State: AR
Disbursement For: General 2014

Full Name of Payee: Anthony Pearson
Mailing Address: 112 apache Dr
City: Search State: AR Zip Code: 72149
Purpose of Expenditure: Mileage Category/Type: 002
Date of Public Distribution/Dissemination: 07/21/2014
Amount: 34.80
Transaction ID: 3798b3cd-2eeb-4f74-9
Date of Disbursement or Obligation: 07/21/2014
Name of Federal Candidate: Mr. Mark L Pryor
Office Sought: Senate State: AR
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 99.80
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Andrea L Hammond
Mailing Address
12920 Kneeland Ln
City
Neosho State
MO Zip Code
64850
Purpose of Expenditure
Salary Category/
Type 001

Date of Public Distribution/Dissemination
07 / 21 / 2014
Amount
55.00
Transaction ID : 2b1c82f6-37d7-47ee-8
Date of Disbursement or Obligation
07 / 21 / 2014

Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Office Sought:
House
Senate
District: 00
State: AR

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Andrea L Hammond
Mailing Address
12920 Kneeland Ln
City
Neosho State
MO Zip Code
64850
Purpose of Expenditure
Mileage Category/
Type 002

Date of Public Distribution/Dissemination
07 / 21 / 2014
Amount
41.10
Transaction ID : d0e814da-4ca1-40c2-9
Date of Disbursement or Obligation
07 / 21 / 2014

Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Office Sought:
House
Senate
District: 00
State: AR

Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 96.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 14 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Benjamin Hernandez</b>	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 21 / 2014</b>
Mailing Address 915 E Market Ave	Amount <b>70.00</b>
City State Zip Code Searcy AR 72149	<b>Transaction ID : ff3b7c55-d93a-4fa9-9</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 21 / 2014</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Benjamin Hernandez</b>	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 21 / 2014</b>
Mailing Address 915 E Market Ave	Amount <b>34.80</b>
City State Zip Code Searcy AR 72149	<b>Transaction ID : 33e11215-adae-420b-a</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 21 / 2014</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>104.80</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date **05 / 14 / 2015**

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Darius Beverly</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014
Mailing Address 157 Bishop Drive	Amount 45.00
City Avondale      State LA      Zip Code 70094	<b>Transaction ID : e493ca49-3120-439c-9</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Purpose of Expenditure Salary      Category/Type 001	Name of Federal Candidate Ms. Mary L Landriau <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 554635.78	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 <b>Ms. Dinah Beverly</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2014
Mailing Address 157 Bishop Drive	Amount 45.00
City Avondale      State LA      Zip Code 70064	<b>Transaction ID : b6fd34db-49ba-4510-b</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014
Purpose of Expenditure Salary      Category/Type 001	Name of Federal Candidate Ms. Mary L Landriau <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 554635.78	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) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	90.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date 05 / 14 / 2015

Signature \_\_\_\_\_

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Ms. Dinah Beverly</b>		Date of Public Distribution/Dissemination 07 / 21 / 2014	
Mailing Address 157 Bishop Drive		Amount 4.80	
City Avondale	State LA	Zip Code 70064	Transaction ID : 360cabd3-e0d5-4957-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation 07 / 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: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Patrice Wolfe</b>		Date of Public Distribution/Dissemination 07 / 21 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 15.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 3a92f580-d34f-49b1-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 07 / 21 / 2014
Name of Federal Candidate Mr. Mark L Pryor		<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: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	19.80
(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 05 / 14 / 2015

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: Patrice Wolfe
Mailing Address: 9909 Treasure Hill Rd
City: Little Rock, State: AR, Zip Code: 72205
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/21/2014
Amount: 3.90
Transaction ID: 3a2ea4b0-d6af-4544-9
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Phillip Williams
Mailing Address: 3007 Darden Rd
City: Greensboro, State: NC, Zip Code: 27407
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/21/2014
Amount: 100.00
Transaction ID: 160a41d0-dbe5-4345-b
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 103.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Phillip Williams
Mailing Address
3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure
Mileage Category/Type 002
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination
07 / 21 / 2014
Amount
48.60
Transaction ID : 9b60004d-f8b9-459b-b
Date of Disbursement or Obligation
07 / 21 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General 2014
Other (specify)

Full Name of Payee
Beverly Williams
Mailing Address
3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure
Salary Category/Type 001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination
07 / 21 / 2014
Amount
102.50
Transaction ID : 76ca7b31-f48f-425f-b
Date of Disbursement or Obligation
07 / 21 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General 2014
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 151.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00530766</span> </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 <b>Jennifer Susky</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 21 / 2014</span> </div>
Mailing Address    1117 Shadow Lane	Amount <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold;">12.50</span> </div>
City                                  State                                  Zip Code Benton                                  AR                                  72015	<b>Transaction ID : 07069955-19af-4b56-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 21 / 2014</span> </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">292370.62</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Jennifer Susky</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 21 / 2014</span> </div>
Mailing Address    1117 Shadow Lane	Amount <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold;">1.65</span> </div>
City                                  State                                  Zip Code Benton                                  AR                                  72015	<b>Transaction ID : 9c83a9ee-087f-4ef3-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 21 / 2014</span> </div>
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px;">002</div>
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">292370.62</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold;">14.15</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold;"> </span> </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*
[Electronically Filed]
Date

---

Signature

M M / D D / Y Y Y Y Y Y  
05 / 14 / 2015



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
---	--

Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 07 / 21 / 2014	
Mailing Address 1025 Cayley Ct		Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>	
City High Point	State NC	Zip Code 27260	<b>Transaction ID : 3f862d56-b901-4a5e-9</b>
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 07 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Danielle McCoy</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 07 / 21 / 2014	
Mailing Address 1025 Cayley Ct		Amount <span style="border: 1px solid black; padding: 2px;">11.40</span>	
City High Point	State NC	Zip Code 27260	<b>Transaction ID : 4317648d-452c-4f20-b</b>
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 07 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">51.40</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Chris McCoy</b>		Date of Public Distribution/Dissemination 07 / 21 / 2014	
Mailing Address 1025 Cayley Ct		Amount 55.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 3d471d29-b6c4-4c5e-9 Date of Disbursement or Obligation 07 / 21 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Chris McCoy</b>		Date of Public Distribution/Dissemination 07 / 21 / 2014	
Mailing Address 1025 Cayley Ct		Amount 14.10	
City High Point	State NC	Zip Code 27260	Transaction ID : 0a90a3b2-6d13-4872-9 Date of Disbursement or Obligation 07 / 21 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	69.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

*Ms. Emily Buchanan* [Electronically Filed] Date 05 / 14 / 2015

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 Taylor N Randall
Mailing Address 2002 E Park Ave Apt 40
City Searcy State AR Zip Code 72143
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/21/2014
Amount 95.00
Transaction ID : ddb3a31c-ccb4-4be2-8
Date of Disbursement or Obligation 07/21/2014
Name of Federal Candidate Mr. Mark L Pryor
Office Sought: Senate State: AR
Disbursement For: General 2014

Full Name of Payee Taylor N Randall
Mailing Address 2002 E Park Ave Apt 40
City Searcy State AR Zip Code 72143
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/21/2014
Amount 94.26
Transaction ID : c1d1f477-3aa7-426e-a
Date of Disbursement or Obligation 07/21/2014
Name of Federal Candidate Mr. Mark L Pryor
Office Sought: Senate State: AR
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 189.26
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan

[Electronically Filed]

Date 05/14/2015

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: Tabetha D Espenschied
Mailing Address: 2002 East Park Ave Apt 40
City: Searcy State: AR Zip Code: 72143
Purpose of Expenditure: Salary Category/Type: 001
Date of Public Distribution/Dissemination: 07/21/2014
Amount: 50.00
Transaction ID: f8839bf3-d73b-43fc-b
Date of Disbursement or Obligation: 07/21/2014
Name of Federal Candidate: Mr. Mark L Pryor
Office Sought: Senate State: AR
Disbursement For: General 2014

Full Name of Payee: Charity Zerbel
Mailing Address: 804 Mary Ave
City: Neosho State: MO Zip Code: 64850
Purpose of Expenditure: Salary Category/Type: 001
Date of Public Distribution/Dissemination: 07/21/2014
Amount: 62.50
Transaction ID: adf5b690-56d4-4dba-9
Date of Disbursement or Obligation: 07/21/2014
Name of Federal Candidate: Mr. Mark L Pryor
Office Sought: Senate State: AR
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 112.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
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
Charity Zerbel
Mailing Address
804 Mary Ave
City
Neosho State
MO Zip Code
64850
Purpose of Expenditure
Mileage Category/
Type 002
Date of Public Distribution/Dissemination
07 / 21 / 2014
Amount
25.50
Transaction ID : bc279f12-341e-4034-a
Date of Disbursement or Obligation
07 / 21 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose Office Sought:
House Senate State:
AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Pound, Feinstein & Associates
Mailing Address
5614 Connecticut Ave, NW Ste 270
City
Washington State
DC Zip Code
20015
Purpose of Expenditure
Doorhangers Category/
Type 004
Date of Public Distribution/Dissemination
07 / 22 / 2014
Amount
6941.25
Transaction ID : 1bb2beac-c69d-4035-b
Date of Disbursement or Obligation
07 / 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
554635.78
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 6966.75
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Run and Win
Mailing Address: P.O. Box 2096
City: Aiken, State: SC, Zip Code: 29802
Purpose of Expenditure: Lapel Stickers, Category/Type: 004
Date of Public Distribution/Dissemination: 07/22/2014
Amount: 340.33
Transaction ID: fe32b7e5-15fb-4ba9-9
Date of Disbursement or Obligation: 07/22/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Run and Win
Mailing Address: P.O. Box 2096
City: Aiken, State: SC, Zip Code: 29802
Purpose of Expenditure: Lapel Stickers, Category/Type: 004
Date of Public Distribution/Dissemination: 07/22/2014
Amount: 340.33
Transaction ID: 34173be0-7ba5-4e24-a
Date of Disbursement or Obligation: 07/22/2014
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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 680.66
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Run and Win</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014
Mailing Address P.O. Box 2096	Amount 340.33
City State Zip Code Aiken SC 29802	<b>Transaction ID : c81d492a-3b96-492e-9</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Purpose of Expenditure Lapel Stickers	Category/Type 004
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: AR
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 <b>Michael Marinaccio</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014
Mailing Address 680 Sunnypod Lane	Amount 235.00
City State Zip Code Aynor SC 29511	<b>Transaction ID : 2f5ee8f2-0bba-44d3-b</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Purpose of Expenditure Design	Category/Type 004
Name of Federal Candidate Mr. Mark E Udall	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: CO
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) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	575.33
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

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
Mr. Michael Vidrine
Mailing Address
458 Hebert Rd
City
Palmetto State
LA Zip Code
71358
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
07 / 22 / 2014
Amount
35.00
Transaction ID : 7cf9dcb9-644e-4dc4-a
Date of Disbursement or Obligation
07 / 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
554635.78
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Mr. Michael Vidrine
Mailing Address
458 Hebert Rd
City
Palmetto State
LA Zip Code
71358
Purpose of Expenditure
Mileage Category/Type
002
Date of Public Distribution/Dissemination
07 / 22 / 2014
Amount
33.00
Transaction ID : 3439a5f1-e752-4450-9
Date of Disbursement or Obligation
07 / 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
554635.78
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 68.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> 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 <b>Felice Barrett</b>		Date of Public Distribution/Dissemination 07 / 22 / 2014	
Mailing Address 1588 Asbury		Amount 45.00	
City Springdale	State AR	Zip Code 72762	<b>Transaction ID : a9a5b29f-6eb6-44c6-9</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation 07 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Felice Barrett</b>		Date of Public Distribution/Dissemination 07 / 22 / 2014	
Mailing Address 1588 Asbury		Amount 4.50	
City Springdale	State AR	Zip Code 72762	<b>Transaction ID : 17064245-e041-4733-b</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation 07 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	49.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Signature Ms. Emily Buchanan      [Electronically Filed]      Date 05 / 14 / 2015

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
Gabriella E Hansen
Mailing Address
310 West Meath Drive
City
Winterville State
NC Zip Code
28590
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 22 / 2014
Amount
20.00
Transaction ID : 90124249-7d55-405b-b
Date of Disbursement or Obligation
07 / 22 / 2014
Office Sought:
House District: 00
President Senate State: NC
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Gabriella E Hansen
Mailing Address
310 West Meath Drive
City
Winterville State
NC Zip Code
28590
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 22 / 2014
Amount
5.70
Transaction ID : 460f13ca-e7f1-47d8-8
Date of Disbursement or Obligation
07 / 22 / 2014
Office Sought:
House District: 00
President Senate State: NC
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 25.70
(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 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C C00530766</b>	
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 <b>Kevin L Battle</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>		
Mailing Address <b>3300 Asher Ave</b>			Amount <b>50.00</b>		
City <b>Little Rock</b>		State <b>AR</b>	Zip Code <b>72204</b>		<b>Transaction ID : af4b7537-a0e7-4e07-8</b>
Purpose of Expenditure Salary		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House   District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate   State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Kevin L Battle</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>		
Mailing Address <b>3300 Asher Ave</b>			Amount <b>16.20</b>		
City <b>Little Rock</b>		State <b>AR</b>	Zip Code <b>72204</b>		<b>Transaction ID : ad93ca00-832e-438d-a</b>
Purpose of Expenditure Mileage		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2014</b>		
Name of Federal Candidate <b>Mr. Mark L Pryor</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House   District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate   State: <b>AR</b>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<b>66.20</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		
(c) <b>TOTAL</b> Independent Expenditures..... ▶		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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 Casey Stockton
Mailing Address 105 South Dale St
City Spruce Pine State NC Zip Code 28777
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/22/2014
Amount 70.00
Transaction ID : fa69e20b-8cd5-43da-9
Date of Disbursement or Obligation 07/22/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Casey Stockton
Mailing Address 105 South Dale St
City Spruce Pine State NC Zip Code 28777
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/22/2014
Amount 26.10
Transaction ID : 5d576faf-8409-4b46-a
Date of Disbursement or Obligation 07/22/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 96.10
(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 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> 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 <b>Mary Johnson</b>	Date of Public Distribution/Dissemination 07 / 22 / 2014
Mailing Address    105 South Dale St	Amount 70.00
City    State    Zip Code Spruce Pine    NC    28777	<b>Transaction ID : 161190cb-7311-48c4-b</b> Date of Disbursement or Obligation 07 / 22 / 2014
Purpose of Expenditure Salary    Category/Type    001	Name of Federal Candidate Ms. Kay Hagan <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought    1095959.94	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Solveig Lysne</b>	Date of Public Distribution/Dissemination 07 / 22 / 2014
Mailing Address    7121 Oyster Lane	Amount 42.10
City    State    Zip Code Wilmington    NC    28411	<b>Transaction ID : f4317500-250f-4190-b</b> Date of Disbursement or Obligation 07 / 22 / 2014
Purpose of Expenditure Salary    Category/Type    001	Name of Federal Candidate Ms. Kay Hagan <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought    1095959.94	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	112.10
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Ms. Emily Buchanan    *[Electronically Filed]*    Date    05 / 14 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; margin-right: 5px;">C</span> 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 <b>Solveig Lysne</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>	
Mailing Address <b>7121 Oyster Lane</b>		Amount <b>12.30</b>	
City <b>Wilmington</b>	State <b>NC</b>	Zip Code <b>28411</b>	<b>Transaction ID : a88c914c-446f-402e-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Serena A Jones</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 19 / 2014</b>	
Mailing Address <b>7151 Mullins Drive</b>		Amount <b>70.00</b>	
City <b>Saltville</b>	State <b>VA</b>	Zip Code <b>24370</b>	<b>Transaction ID : f31d9bfe-a51e-4cbc-b</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 19 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>82.30</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015  
 \_\_\_\_\_  
 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
Serena A Jones
Mailing Address
7151 Mullins Drive
City
Saltville State
VA Zip Code
24370
Purpose of Expenditure
Mileage Category/
Type 002
Date of Public Distribution/Dissemination
07 / 19 / 2014
Amount
26.10
Transaction ID : ddae82eb-7f71-4e30-8
Date of Disbursement or Obligation
07 / 19 / 2014
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Anthony Buchanan
Mailing Address
1090 McHone Rd
City
Spruce Pine State
NC Zip Code
28777
Purpose of Expenditure
Salary Category/
Type 001
Date of Public Distribution/Dissemination
07 / 22 / 2014
Amount
35.00
Transaction ID : f9f51e42-35c1-4fa6-9
Date of Disbursement or Obligation
07 / 22 / 2014
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 61.10
(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 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00530766</span> </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 <b>Andrea L Hammond</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 22 / 2014</span> </div>						
Mailing Address    12920 Kneeland Ln	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">35.00</span> </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>Neosho</td> <td>MO</td> <td>64850</td> </tr> </table>	City	State	Zip Code	Neosho	MO	64850	<b>Transaction ID : 86a29f8e-2f0b-4857-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 22 / 2014</span> </div>
City	State	Zip Code					
Neosho	MO	64850					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> <span style="font-size: 1.2em; font-weight: bold;">001</span> </div>						
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">292370.62</span> </div>						
Office Sought:	<input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>						
Disbursement For:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <b>Andrea L Hammond</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 22 / 2014</span> </div>						
Mailing Address    12920 Kneeland Ln	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">45.60</span> </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>Neosho</td> <td>MO</td> <td>64850</td> </tr> </table>	City	State	Zip Code	Neosho	MO	64850	<b>Transaction ID : 9375759d-7248-46d1-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 22 / 2014</span> </div>
City	State	Zip Code					
Neosho	MO	64850					
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> <span style="font-size: 1.2em; font-weight: bold;">002</span> </div>						
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">292370.62</span> </div>						
Office Sought:	<input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AR</u>						
Disbursement For:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____						

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">80.60</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">0.00</span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">80.60</span> </div>

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*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
05 / 14 / 2015



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 Susky
Mailing Address 1117 Shadow Lane
City Benton State AR Zip Code 72015
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/22/2014
Amount 2.50
Transaction ID : 6905d586-8654-4733-9
Date of Disbursement or Obligation 07/22/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Jennifer Susky
Mailing Address 1117 Shadow Lane
City Benton State AR Zip Code 72015
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/22/2014
Amount 0.60
Transaction ID : f19ed14c-7f9e-4617-8
Date of Disbursement or Obligation 07/22/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 3.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Amanda Boley</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>
Mailing Address Split Oak Drive	Amount <b>30.00</b>
City charlotte      State NC      Zip Code 28227	<b>Transaction ID : a71e9b7b-a910-4a73-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2014</b>
Purpose of Expenditure Salary      Category/Type <b>001</b>	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Office Sought: <input type="checkbox"/> House      District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate      State: <u>LA</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Amanda Boley</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>
Mailing Address Split Oak Drive	Amount <b>23.10</b>
City charlotte      State NC      Zip Code 28227	<b>Transaction ID : 9df95310-fc7e-4b57-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2014</b>
Purpose of Expenditure Mileage      Category/Type <b>002</b>	Name of Federal Candidate Ms. Mary L Landrieu <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Office Sought: <input type="checkbox"/> House      District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate      State: <u>LA</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>53.10</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date **05 / 14 / 2015**

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Jodi Fountain</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014	
Mailing Address 1010 S Dogwood Drive		Amount 20.00	
City Bogalusa	State LA	Zip Code 70427	Transaction ID : <b>888ae780-d842-4798-8</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014
Purpose of Expenditure Salary	Category/ Type 001	Name of Federal Candidate Ms. Mary L Landrieu	
<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 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Sean B Hicks</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014	
Mailing Address 44 McDowell Drive		Amount 30.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : <b>eed12bbe-51a7-4ed4-a</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 22 / 2014
Purpose of Expenditure Salary	Category/ Type 001	Name of Federal Candidate Ms. Kay Hagan	
<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: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	50.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

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: Sean B Hicks
Mailing Address: 44 McDowell Drive
City: Wake Forest, State: NC, Zip Code: 27587
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/22/2014
Amount: 3.00
Transaction ID: fbe95f80-ad60-4cd4-8
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Dylan Simon
Mailing Address: 111 Millrock Drive
City: Lafayette, State: LA, Zip Code: 70508
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/22/2014
Amount: 46.00
Transaction ID: 6c6a2338-76b2-4e3e-9
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 49.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>David Ford</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>	
Mailing Address 106 Hillside St		Amount <b>11.85</b>	
City Spindale	State NC	Zip Code 28160	Transaction ID : <b>bb9031a6-b0fb-406c-9</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Marysol Netro</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>	
Mailing Address 312 S Gunter St		Amount <b>42.50</b>	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : <b>ad4eb81a-e457-45f6-b</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>54.35</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Marysol Netro</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>
Mailing Address 312 S Gunter St		Amount <b>9.00</b>
City Siloam Springs	State AR	Zip Code 72761
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Transaction ID : <b>fe6fae6b-bd5f-4855-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought	<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Rebecca Deucher</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>
Mailing Address 4800 Vass Carthage Rd		Amount <b>60.00</b>
City Carthage	State NC	Zip Code 28394
Purpose of Expenditure Salary	Category/Type <b>001</b>	Transaction ID : <b>305ce0ba-7684-498f-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>69.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date **05 / 14 / 2015**

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>			FEC IDENTIFICATION NUMBER <b>C C00530766</b>		
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	MM / DD / YYYY

Full Name of Payee <b>Rebecca Deucher</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>		
Mailing Address 4800 Vass Carthage Rd			Amount 20.10		
City Carthage	State NC	Zip Code 28394	Transaction ID : <b>db6eb36f-7fec-43d1-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2014</b>		
Purpose of Expenditure Mileage		Category/ Type <b>002</b>			
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00	State: NC
Calendar Year-To-Date Per Election for Office Sought		1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Donald Dessauer</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>		
Mailing Address 1804 Auburn Ave			Amount 15.00		
City Metairie	State LA	Zip Code 70003	Transaction ID : <b>baef8329-0f0b-4695-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2014</b>		
Purpose of Expenditure Salary		Category/ Type <b>001</b>			
Name of Federal Candidate Ms. Mary L Landrieu		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00	State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	35.10
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....▶	

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

*Ms. Emily Buchanan*  
Signature

[Electronically Filed] Date **05 / 14 / 2015**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name of Payee <b>Donald Dessauer</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 07 / 22 / 2014	
Mailing Address 1804 Auburn Ave		Amount <span style="border: 1px solid black; padding: 2px;">0.30</span>	
City Metaire	State LA	Zip Code 70003	Transaction ID : <b>5e3856f4-849b-4136-a</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 07 / 22 / 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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Brooke Graphia</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 07 / 22 / 2014	
Mailing Address 2306 Brownlee Rd.		Amount <span style="border: 1px solid black; padding: 2px;">20.00</span>	
City Bossier City	State LA	Zip Code 71111	Transaction ID : <b>9653f802-7d16-4dda-8</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 07 / 22 / 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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">20.30</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
 05 / 14 / 2015

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: Brooke Graphia
Mailing Address: 2306 Brownlee Rd.
City: Bossier City, State: LA, Zip Code: 71111
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/22/2014
Amount: 2.61
Transaction ID: e5856849-2d07-4fcf-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: 554635.78

Full Name of Payee: Nick Berryhill
Mailing Address: 905 Lake Drive
City: Shelby, State: NC, Zip Code: 28152
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/22/2014
Amount: 20.00
Transaction ID: 786b9bd9-8e11-4c37-a
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate, State: NC
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 1095959.94

(a) SUBTOTAL of Itemized Independent Expenditures: 22.61
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Nick Berryhill</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>	
Mailing Address 905 Lake Drive		Amount <b>5.10</b>	
City Shelby	State NC	Zip Code 28152	<b>Transaction ID : 0bc7a63f-c272-4be6-8</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Tammy Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>	
Mailing Address 924 N. Prieur St		Amount <b>30.00</b>	
City New Orleans	State LA	Zip Code 70116	<b>Transaction ID : 60230d0e-7bf9-44cd-9</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>35.10</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date **05 / 14 / 2015**

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: 07/22/2014
Amount: 9.00
Transaction ID: a6d99675-597c-46c3-a
Date of Disbursement or Obligation: 07/22/2014
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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Melanie Slagle
Mailing Address: 77 Southridge Drive
City: Spruce Pine, State: NC, Zip Code: 28777
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/22/2014
Amount: 20.00
Transaction ID: 70f2a471-ba34-406c-a
Date of Disbursement or Obligation: 07/22/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 29.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 0 2px;">C</span> 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 <b>Melanie Slagle</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>	
Mailing Address <b>77 Southridge Drive</b>		Amount <b>9.90</b>	
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>	<b>Transaction ID : 0716fd29-df3b-4192-a</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<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>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Ralphie Lockhart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>	
Mailing Address <b>6310 Col Glenn Rd</b>		Amount <b>60.00</b>	
City <b>Little Rock</b>	State <b>AR</b>	Zip Code <b>72204</b>	<b>Transaction ID : 9776daba-6d2b-4c4f-8</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2014</b>	
Name of Federal Candidate <b>Mr. Mark L Pryor</b>		<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>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>69.90</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 0 2px;">C</span> 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 <b>Diane Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>	
Mailing Address 4006 Wolkswalk Place		Amount <b>10.00</b>	
City Raleigh	State NC	Zip Code 27610	<b>Transaction ID : 6c886251-5f69-448c-9</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Diane Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>	
Mailing Address 4006 Wolkswalk Place		Amount <b>6.90</b>	
City Raleigh	State NC	Zip Code 27610	<b>Transaction ID : 78864796-3665-4951-8</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>16.90</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>	

Full Name of Payee <b>Francesca Blom</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 07 / 22 / 2014	
Mailing Address 101 Asbury Ct		Amount <span style="border: 1px solid black; padding: 2px;">80.00</span>	
City Winchester	State VA	Zip Code 22602	<b>Transaction ID : 07849ae1-5958-4878-b</b>
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 07 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Zachary Vidrine</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 07 / 22 / 2014	
Mailing Address 202 Rue Des Cajun		Amount <span style="border: 1px solid black; padding: 2px;">35.00</span>	
City Ville Platte	State LA	Zip Code 70586	<b>Transaction ID : a7c61a70-0f0b-4739-a</b>
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 07 / 22 / 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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">115.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Zachary Vidrine</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>	
Mailing Address 202 Rue Des Cajun		Amount <b>26.40</b>	
City Ville Platte	State LA	Zip Code 70586	<b>Transaction ID : 39ddd974-0db9-482d-8</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lorri Anderson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>	
Mailing Address 7214 Duchamp Dr		Amount <b>30.00</b>	
City Charlotte	State NC	Zip Code 23215	<b>Transaction ID : e0827af0-f9b0-4050-9</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>56.40</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**



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
Lorri Anderson
Mailing Address
7214 Duchamp Dr
City
Charlotte State
NC Zip Code
23215
Date of Public Distribution/Dissemination
07 / 22 / 2014
Amount
9.60
Transaction ID : 354b78ca-7587-43f2-9
Purpose of Expenditure
Mileage Category/
Type 002
Date of Disbursement or Obligation
07 / 22 / 2014
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose Office Sought:
House District: 00
President Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Myeisha M Ross
Mailing Address
3411 Asher Ave
City
Little Rock State
AR Zip Code
72209
Date of Public Distribution/Dissemination
07 / 22 / 2014
Amount
14.50
Transaction ID : 7dc429ad-b7d1-4f8b-a
Purpose of Expenditure
Salary Category/
Type 001
Date of Disbursement or Obligation
07 / 22 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose Office Sought:
House District: 00
President Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 24.10
(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 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; margin-right: 5px;">C</span> 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 <b>Theresa Burkhart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>	
Mailing Address    3126 Chester Ct		Amount <b>50.00</b>	
City Metairie	State LA	Zip Code 70006	<b>Transaction ID : c36b3a9f-df07-415c-8</b>
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2014</b>	
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) ▶ _____	
<b>554635.78</b>			

Full Name of Payee <b>Theresa Burkhart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>	
Mailing Address    3126 Chester Ct		Amount <b>7.68</b>	
City Metairie	State LA	Zip Code 70006	<b>Transaction ID : 2c30a9c5-c061-4c90-8</b>
Purpose of Expenditure Mileage	Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2014</b>	
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) ▶ _____	
<b>554635.78</b>			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>57.68</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**05 / 14 / 2015**

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
Kevin L Battle
Mailing Address
3300 Asher Ave
City
Little Rock State
AR Zip Code
72204
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 22 / 2014
Amount
40.00
Transaction ID : 50a5a4a9-a94b-459e-9
Date of Disbursement or Obligation
07 / 22 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Kevin L Battle
Mailing Address
3300 Asher Ave
City
Little Rock State
AR Zip Code
72204
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 22 / 2014
Amount
15.00
Transaction ID : 250f52d3-0668-4e9c-9
Date of Disbursement or Obligation
07 / 22 / 2014
Office Sought: House District: 00
Senate State: AR
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 05 / 14 / 2015
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
Sarah Burckel
Mailing Address
46 Glenwood Ave
City
Harahan State
LA Zip Code
70123
Purpose of Expenditure
Salary Category/
Type
001

Date of Public Distribution/Dissemination
07 / 22 / 2014
Amount
30.00
Transaction ID : 8bb8dbec-08f0-4cde-b
Date of Disbursement or Obligation
07 / 22 / 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)
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Full Name of Payee
Sarah Burckel
Mailing Address
46 Glenwood Ave
City
Harahan State
LA Zip Code
70123
Purpose of Expenditure
Mileage Category/
Type
002

Date of Public Distribution/Dissemination
07 / 22 / 2014
Amount
0.31
Transaction ID : cb72a2d5-b086-442c-9
Date of Disbursement or Obligation
07 / 22 / 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)
Calendar Year-To-Date
Per Election for Office Sought
554635.78

(a) SUBTOTAL of Itemized Independent Expenditures..... 30.31
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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 Robin L Bennett
Mailing Address 3505 Beaumont St Apt 13D
City Neosho State MO Zip Code 64850
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/22/2014
Amount 10.00
Transaction ID : e11b35d7-3516-4b57-9
Date of Disbursement or Obligation 07/22/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Robin L Bennett
Mailing Address 3505 Beaumont St Apt 13D
City Neosho State MO Zip Code 64850
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/22/2014
Amount 39.00
Transaction ID : f1a696c2-44d9-4bff-a
Date of Disbursement or Obligation 07/22/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 49.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Theresa A Touchet</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>
Mailing Address 102 French Street #3	Amount 22.50
City New Orleans	State LA
Zip Code 70124	Transaction ID : <b>fe48560a-b7e3-49d8-b</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2014</b>
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>
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>	
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Theresa A Touchet</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>
Mailing Address 102 French Street #3	Amount 0.90
City New Orleans	State LA
Zip Code 70124	Transaction ID : <b>a7f8f188-103b-42a2-8</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2014</b>
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>
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>	
Calendar Year-To-Date Per Election for Office Sought 554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	23.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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
Lily 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
07 / 22 / 2014
Amount
80.00
Transaction ID : a42dd8e3-a856-4b69-a
Date of Disbursement or Obligation
07 / 22 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Office Sought: House Senate
District: 00 State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Lily 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
07 / 22 / 2014
Amount
19.20
Transaction ID : 4df913c5-c9a5-4b17-8
Date of Disbursement or Obligation
07 / 22 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Office Sought: House Senate
District: 00 State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 99.20
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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: Warren Gravois
Mailing Address: 16005 7th St
City: Pearlington, State: MS, Zip Code: 39572
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/22/2014
Amount: 25.00
Transaction ID: 813b0104-2ceb-4961-9
Date of Disbursement or Obligation: 07/22/2014
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: 554635.78

Full Name of Payee: Warren Gravois
Mailing Address: 16005 7th St
City: Pearlington, State: MS, Zip Code: 39572
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/22/2014
Amount: 1.20
Transaction ID: 8d5d8241-ee5f-482a-8
Date of Disbursement or Obligation: 07/22/2014
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: 554635.78

(a) SUBTOTAL of Itemized Independent Expenditures: 26.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Bradley K Kissinger</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014
Mailing Address 3113 Imperial Valley Dr.		Amount 40.00
City Little Rock	State AR	Zip Code 72212
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
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 <b>Bradley K Kissinger</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014
Mailing Address 3113 Imperial Valley Dr.		Amount 9.90
City Little Rock	State AR	Zip Code 72212
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
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) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	49.90
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
---	---

Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name of Payee <b>Jeanne Tribou</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 22369 Ponderosa Dr.		Amount <input type="text"/>
City Mandeville State LA Zip Code 70471		Transaction ID : 8fb7b74b-494a-44da-a Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Salary	Category/Type 001	<input type="text"/> / <input type="text"/> / <input type="text"/>
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 <input type="text"/> 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jeanne Tribou</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 22369 Ponderosa Dr.		Amount <input type="text"/>
City Mandeville State LA Zip Code 70471		Transaction ID : 50f01bee-33d7-47ee-8 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Mileage	Category/Type 002	<input type="text"/> / <input type="text"/> / <input type="text"/>
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 <input type="text"/> 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<input type="text"/> 49.20
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<input type="text"/>
(c) <b>TOTAL</b> 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) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Mariah L Garcie</b>	Date of Public Distribution/Dissemination <b>07 / 22 / 2014</b>
Mailing Address <b>9344 Forbing Rd</b>	Amount <b>15.00</b>
City <b>Shreveport</b> State <b>LA</b> Zip Code <b>71106</b>	Transaction ID : <b>07d2e3b3-fcc9-42d6-9</b> Date of Disbursement or Obligation <b>07 / 22 / 2014</b>
Purpose of Expenditure <b>Salary</b> Category/Type <b>001</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Mariah L Garcie</b>	Date of Public Distribution/Dissemination <b>07 / 22 / 2014</b>
Mailing Address <b>9344 Forbing Rd</b>	Amount <b>4.50</b>
City <b>Shreveport</b> State <b>LA</b> Zip Code <b>71106</b>	Transaction ID : <b>80db448f-3447-4d0c-9</b> Date of Disbursement or Obligation <b>07 / 22 / 2014</b>
Purpose of Expenditure <b>Mileage</b> Category/Type <b>002</b>	
Name of Federal Candidate <b>Ms. Mary L Landrieu</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>19.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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
OBrian Price
Mailing Address 2400 Covenant Cove
City Little Rock State AR Zip Code 72204
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/22/2014
Amount 75.00
Transaction ID : 02d49b2b-b8f1-4bef-b
Date of Disbursement or Obligation 07/22/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
OBrian Price
Mailing Address 2400 Covenant Cove
City Little Rock State AR Zip Code 72204
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/22/2014
Amount 13.80
Transaction ID : 61777982-4cb2-4b3e-9
Date of Disbursement or Obligation 07/22/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 88.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>	
Mailing Address 6412 Osage Dr		Amount <b>25.00</b>	
City North Little rock	State AR	Zip Code 72116	Transaction ID : <b>57d6f67e-9531-4b91-9</b>
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>	
Mailing Address 6412 Osage Dr		Amount <b>4.38</b>	
City North Little rock	State AR	Zip Code 72116	Transaction ID : <b>0b631ec2-8408-4bbf-9</b>
Purpose of Expenditure Mileage	Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>29.38</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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: 07/22/2014
Amount: 20.00
Transaction ID: 13fae703-4d6b-4079-b
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Danielle McCoy
Mailing Address: 1025 Cayley Ct
City: High Point, State: NC, Zip Code: 27260
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/22/2014
Amount: 87.50
Transaction ID: b5e2a3cc-b314-48e8-a
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 107.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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
Danielle McCoy
Mailing Address
1025 Cayley Ct
City
High Point State
NC Zip Code
27260
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 22 / 2014
Amount
21.00
Transaction ID : 5775e723-33d4-47e0-a
Date of Disbursement or Obligation
07 / 22 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Chris McCoy
Mailing Address
1025 Cayley Ct
City
High Point State
NC Zip Code
27260
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 22 / 2014
Amount
80.00
Transaction ID : bc98f340-55ca-4064-9
Date of Disbursement or Obligation
07 / 22 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures
101.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
Signature

[Electronically Filed]

Date
05 / 14 / 2015

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: Chris McCoy
Mailing Address: 1025 Cayley Ct
City: High Point, State: NC, Zip Code: 27260
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 18.30
Transaction ID: 463ebc87-42e9-4bda-a
Date of Disbursement or Obligation: 07/22/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Larry Freeman
Mailing Address: 11214 Mesa drive
City: Little rock, State: AR, Zip Code: 72211
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 70.00
Transaction ID: b12e54e8-cb68-41cf-9
Date of Disbursement or Obligation: 07/22/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 88.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Francis Richardson
Mailing Address: 220 Doucet Rd
City: Lafayette, State: LA, Zip Code: 70503
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/22/2014
Amount: 35.00
Transaction ID: 0e6da4c6-0aed-45aa-b
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: General 2014

Full Name of Payee: Francis Richardson
Mailing Address: 220 Doucet Rd
City: Lafayette, State: LA, Zip Code: 70503
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/22/2014
Amount: 2.22
Transaction ID: e5d623de-b9cc-45f0-a
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 37.22
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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 Mr. Alex Peyton
Mailing Address 859 Hicks Rd
City Washington State LA Zip Code 70589
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 07 / 22 / 2014
Amount 50.00
Transaction ID : b0701b99-ccf3-43d6-9
Date of Disbursement or Obligation 07 / 22 / 2014

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

Disbursement For: Primary General 2014
Other (specify)

Calendar Year-To-Date Per Election for Office Sought 554635.78

Full Name of Payee Mr. Alex Peyton
Mailing Address 859 Hicks Rd
City Washington State LA Zip Code 70589
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 07 / 22 / 2014
Amount 43.50
Transaction ID : 0bf0f890-429e-4348-9
Date of Disbursement or Obligation 07 / 22 / 2014

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

Disbursement For: Primary General 2014
Other (specify)

Calendar Year-To-Date Per Election for Office Sought 554635.78

(a) SUBTOTAL of Itemized Independent Expenditures 93.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
Signature

[Electronically Filed]

Date 05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Michael Vidrine</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 22 / 2014
Mailing Address 1103 West Wilson Street	Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>
City State Zip Code Ville Platte LA 70586	<b>Transaction ID : 73a28aba-6bbc-4ccd-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 22 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Michael Vidrine</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 22 / 2014
Mailing Address 1103 West Wilson Street	Amount <span style="border: 1px solid black; padding: 2px;">32.10</span>
City State Zip Code Ville Platte LA 70586	<b>Transaction ID : 7e4116aa-6201-4095-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 22 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">92.10</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

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
Shelby J Davis
Mailing Address
6414 The Divide Pkwy
Apt 204
City
Little Rock State
AR Zip Code
72223
Date of Public Distribution/Dissemination
07 / 22 / 2014
Amount
45.00
Transaction ID : ef90c5d4-8dc7-47d4-9
Purpose of Expenditure
Salary Category/Type
001
Date of Disbursement or Obligation
07 / 22 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Shelby J Davis
Mailing Address
6414 The Divide Pkwy
Apt 204
City
Little Rock State
AR Zip Code
72223
Date of Public Distribution/Dissemination
07 / 22 / 2014
Amount
17.40
Transaction ID : 4cb3163b-762b-403b-b
Purpose of Expenditure
Mileage Category/Type
002
Date of Disbursement or Obligation
07 / 22 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 62.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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 Sharon Lloyd
Mailing Address 4301 Lankford
City Springdale State AR Zip Code 72762
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/22/2014
Amount 45.00
Transaction ID : 45e4caff-7df3-45c1-b
Date of Disbursement or Obligation 07/22/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Sharon Lloyd
Mailing Address 4301 Lankford
City Springdale State AR Zip Code 72762
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/22/2014
Amount 9.69
Transaction ID : fe9765a1-a17b-4d37-8
Date of Disbursement or Obligation 07/22/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 54.69
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Christine Stevens</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014
Mailing Address 100 Asbury Ct		Amount 70.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : f997fbdc-aa13-4234-9 Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Rodney D Culbreth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 70.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : ac73583e-09ae-4941-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	140.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Alexa S Dudley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>	
Mailing Address 4367 Splitlog Rd		Amount <b>15.00</b>	
City Goodman	State MO	Zip Code 64843	Transaction ID : <b>f1da547f-bfd7-4c38-9</b>
Purpose of Expenditure Salary		Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Alexa S Dudley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>	
Mailing Address 4367 Splitlog Rd		Amount <b>24.00</b>	
City Goodman	State MO	Zip Code 64843	Transaction ID : <b>2dbf5bc0-6a87-45e4-9</b>
Purpose of Expenditure Mileage		Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor		<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>39.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Jeffrey Hampton</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 1700 E Part Ave		Amount 72.50	
City Searcy	State AR	Zip Code 72149	Transaction ID : <b>d2e6c6e3-fd00-43d0-8</b>
Purpose of Expenditure Salary	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
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 <b>Jeffrey Hampton</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 1700 E Part Ave		Amount 82.02	
City Searcy	State AR	Zip Code 72149	Transaction ID : <b>7e6ed865-5725-47ba-8</b>
Purpose of Expenditure Mileage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
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) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	154.52
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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      05 / 14 / 2015

\_\_\_\_\_  
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: Sarinda S Dudley
Mailing Address: 4367 Splitlog Rd
City: Goodman, State: MO, Zip Code: 64843
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/22/2014
Amount: 15.00
Transaction ID: 6378ae0e-127c-4728-a
Date of Disbursement or Obligation: 07/22/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

Full Name of Payee: Sherri Zerbel
Mailing Address: 804 Mary Ave
City: Neasho, State: MO, Zip Code: 64850
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/22/2014
Amount: 85.00
Transaction ID: 3b30279b-5e00-4050-8
Date of Disbursement or Obligation: 07/22/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 100.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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 Sherri Zerbel
Mailing Address 804 Mary Ave
City Neasho State MO Zip Code 64850
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/22/2014
Amount 29.40
Transaction ID : a9e83e5a-d20d-4fbf-a
Date of Disbursement or Obligation 07/22/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Charity Zerbel
Mailing Address 804 Mary Ave
City Neasho State MO Zip Code 64850
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/22/2014
Amount 85.00
Transaction ID : ad9868e8-fcbb-4c10-9
Date of Disbursement or Obligation 07/22/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 114.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Charity Zerbel
Mailing Address
804 Mary Ave
City
Neosho State
MO Zip Code
64850
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 22 / 2014
Amount
29.40
Transaction ID : 8e140a10-380c-4478-8
Date of Disbursement or Obligation
07 / 22 / 2014
Office Sought: House District: 00
President Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Lee R Carter
Mailing Address
3110 Brentwood Rd
City
Raleigh State
NC Zip Code
27604
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 22 / 2014
Amount
25.00
Transaction ID : e1016a00-4f54-42ae-a
Date of Disbursement or Obligation
07 / 22 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures ..... 54.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures .....

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Lee R Carter

Date of Public Distribution/Dissemination
07 / 22 / 2014

Mailing Address
3110 Brentwood Rd

Amount
2.10

City State Zip Code
Raleigh NC 27604

Transaction ID : 7f199665-136b-4239-9
Date of Disbursement or Obligation

Purpose of Expenditure
Mileage
Category/Type
002

Date of Disbursement or Obligation
07 / 22 / 2014

Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose

Office Sought: House District: 00
President Senate State: NC

Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Cassidy Quartararo

Date of Public Distribution/Dissemination
07 / 22 / 2014

Mailing Address
632 Cameron Court

Amount
55.00

City State Zip Code
Kenner LA 70065

Transaction ID : a99a078e-4f36-4ada-8
Date of Disbursement or Obligation

Purpose of Expenditure
Salary
Category/Type
001

Date of Disbursement or Obligation
07 / 22 / 2014

Name of Federal Candidate
Ms. Mary L Landrieu
Support
Oppose

Office Sought: House District: 00
President Senate State: LA

Calendar Year-To-Date
Per Election for Office Sought
554635.78

Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 57.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00530766
---	--

Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Cassidy Quartararo</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 22 / 2014
Mailing Address 632 Cameron Court	Amount <span style="border: 1px solid black; padding: 2px;">1.35</span>
City Kenner	State LA
Zip Code 70065	Transaction ID : <b>0812b6b4-eef8-4854-9</b>
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Ms. Tonya Boyd</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 22 / 2014
Mailing Address 2357 Fancy Cap Rd	Amount <span style="border: 1px solid black; padding: 2px;">90.00</span>
City Mt. Airy	State NC
Zip Code 27030	Transaction ID : <b>3a31f811-fcda-4ec2-a</b>
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 22 / 2014	Name of Federal Candidate Ms. Kay Hagan
<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">91.35</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

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 Ms. Tonya Boyd
Mailing Address 2357 Fancy Cap Rd
City Mt. Airy State NC Zip Code 27030
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/22/2014
Amount 19.83
Transaction ID : bddb6729-e817-47d7-8
Date of Disbursement or Obligation 07/22/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Taylor N Randall
Mailing Address 2002 E Park Ave Apt 40
City Searcy State AR Zip Code 72143
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/22/2014
Amount 50.00
Transaction ID : 3661a611-bbf2-417e-a
Date of Disbursement or Obligation 07/22/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 69.83
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Taylor N Randall</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>
Mailing Address 2002 E Park Ave Apt 40		Amount <b>72.00</b>
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Mileage		Category/Type <b>002</b>
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Transaction ID : **24c9f532-8e98-49a0-8**

Full Name of Payee <b>Tabetha D Espenschied</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>
Mailing Address 2002 East Park Ave Apt 40		Amount <b>100.00</b>
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Salary		Category/Type <b>001</b>
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Transaction ID : **b1e08a00-a428-4a2c-b**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>172.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> 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 <b>Benjamin Hernandez</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M</span> / <span style="font-size: 0.8em;">D D D</span> / <span style="font-size: 0.8em;">Y Y Y Y Y Y</span>  <b>07 / 22 / 2014</b> </div>						
Mailing Address <b>915 E Market Ave</b>	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> <span style="float: right; font-weight: bold;">95.00</span> </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>Searcy</td> <td>AR</td> <td>72149</td> </tr> </table>	City	State	Zip Code	Searcy	AR	72149	<b>Transaction ID : 7216eb15-9305-461e-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M</span> / <span style="font-size: 0.8em;">D D D</span> / <span style="font-size: 0.8em;">Y Y Y Y Y Y</span>  <b>07 / 22 / 2014</b> </div>
City	State	Zip Code					
Searcy	AR	72149					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>						
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> <span style="float: right; font-weight: bold;">292370.62</span> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <b>Benjamin Hernandez</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M</span> / <span style="font-size: 0.8em;">D D D</span> / <span style="font-size: 0.8em;">Y Y Y Y Y Y</span>  <b>07 / 22 / 2014</b> </div>						
Mailing Address <b>915 E Market Ave</b>	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> <span style="float: right; font-weight: bold;">132.30</span> </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>Searcy</td> <td>AR</td> <td>72149</td> </tr> </table>	City	State	Zip Code	Searcy	AR	72149	<b>Transaction ID : fe76501a-5efb-4670-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M M</span> / <span style="font-size: 0.8em;">D D D</span> / <span style="font-size: 0.8em;">Y Y Y Y Y Y</span>  <b>07 / 22 / 2014</b> </div>
City	State	Zip Code					
Searcy	AR	72149					
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>						
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> <span style="float: right; font-weight: bold;">292370.62</span> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____						

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> <span style="float: right; font-weight: bold;">227.30</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> <span style="float: right;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> <span style="float: right;"> </span> </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 M / D D D / Y Y Y Y Y Y  
**05 / 14 / 2015**



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
Anthony Pearson
Mailing Address
112 apache Dr
City
Search State
AR Zip Code
72149
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
07 / 22 / 2014
Amount
95.00
Transaction ID : f8e13446-aeee-4fe1-8
Date of Disbursement or Obligation
07 / 22 / 2014
Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Office Sought:
House
Senate
District: 00
State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For:
Primary
General
2014
Other (specify)

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
07 / 22 / 2014
Amount
35.00
Transaction ID : f4fe2cb3-12be-4529-9
Date of Disbursement or Obligation
07 / 22 / 2014
Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose
Office Sought:
House
Senate
District: 00
State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary
General
2014
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 130.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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
Morgan R Padgett
Mailing Address
2164 Kay Rd
City
Greenville State
NC Zip Code
27858
Purpose of Expenditure
Salary Category/
Type
001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 22 / 2014
Amount
20.00
Transaction ID : d37a4797-9cda-4888-8
Date of Disbursement or Obligation
07 / 22 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Reagan Brackett
Mailing Address
502 E Center Ave
City
Searcy State
AR Zip Code
72143
Purpose of Expenditure
Salary Category/
Type
001
Name of Federal Candidate
Mr. Mark L Pryor
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 22 / 2014
Amount
80.00
Transaction ID : f0e5a32c-669f-4a26-9
Date of Disbursement or Obligation
07 / 22 / 2014
Office Sought:
House District: 00
Senate State: AR
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 100.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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
Reagan Brackett
Mailing Address
502 E Center Ave
City
Searcy State
AR Zip Code
72143
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 22 / 2014
Amount
80.58
Transaction ID : 460814fb-ea1f-49e8-8
Date of Disbursement or Obligation
07 / 22 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Caleb Craig
Mailing Address
1410 Bushville drive
City
Lenoir State
NC Zip Code
28645
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 22 / 2014
Amount
60.00
Transaction ID : eb359bf3-102b-4667-a
Date of Disbursement or Obligation
07 / 22 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 140.58
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Caleb Craig
Mailing Address
1410 Bushville drive
City
Lenoir State
NC Zip Code
28645
Date of Public Distribution/Dissemination
07 / 22 / 2014
Amount
4.50
Transaction ID : 781b6442-a054-4091-9
Date of Disbursement or Obligation
07 / 22 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
James Kindstedt
Mailing Address
5510 Dogwood Dr
City
Winston Salem State
NC Zip Code
27105
Date of Public Distribution/Dissemination
07 / 23 / 2014
Amount
18.30
Transaction ID : 2c94faea-8da8-4529-8
Date of Disbursement or Obligation
07 / 23 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 22.80
(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 05 / 14 / 2015
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
James Kindstedt
Mailing Address
5510 Dogwood Dr
City
Winston Salem State
NC Zip Code
27105
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 23 / 2014
Amount
6.63
Transaction ID : 748ab129-e447-4c05-a
Date of Disbursement or Obligation
07 / 23 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Joanna Kindstedt
Mailing Address
2134 Tobaccoville Rd
City
Rural Hall State
NC Zip Code
27045
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 23 / 2014
Amount
18.30
Transaction ID : 40077b27-ebb2-494d-a
Date of Disbursement or Obligation
07 / 23 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 24.93
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Gabriella E Hansen

Date of Public Distribution/Dissemination
07 / 23 / 2014

Mailing Address
310 West Meath Drive

Amount
20.00
Transaction ID : d7edf225-b690-4264-9

City State Zip Code
Winterville NC 28590

Date of Disbursement or Obligation
07 / 23 / 2014

Purpose of Expenditure
Salary

Category/Type
001

Name of Federal Candidate
Ms. Kay Hagan
Support Oppose

Office Sought: House Senate
District: 00 State: NC

Calendar Year-To-Date Per Election for Office Sought
1095959.94

Disbursement For: Primary General
2014

Full Name of Payee
Serena A Jones

Date of Public Distribution/Dissemination
07 / 14 / 2014

Mailing Address
7151 Mullins Drive

Amount
90.00
Transaction ID : 1b543eda-ac4c-457e-b

City State Zip Code
Saltville VA 24370

Date of Disbursement or Obligation
07 / 14 / 2014

Purpose of Expenditure
Salary

Category/Type
001

Name of Federal Candidate
Ms. Kay Hagan
Support Oppose

Office Sought: House Senate
District: 00 State: NC

Calendar Year-To-Date Per Election for Office Sought
1095959.94

Disbursement For: Primary General
2014

(a) SUBTOTAL of Itemized Independent Expenditures 110.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER <b>C</b> C00530766
---	---

Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name of Payee <b>Serena A Jones</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 7151 Mullins Drive		Amount <input type="text"/>	
City Saltville	State VA	Zip Code 24370	Transaction ID : <b>12113028-1e15-425c-8</b>
Purpose of Expenditure Mileage	Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Serena A Jones</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 7151 Mullins Drive		Amount <input type="text"/>	
City Saltville	State VA	Zip Code 24370	Transaction ID : <b>0602b4c1-9df8-44f6-a</b>
Purpose of Expenditure Salary	Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<input type="text"/>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<input type="text"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) <b>TOTAL</b> 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) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Serena A Jones</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 15 / 2014</b>
Mailing Address <b>7151 Mullins Drive</b>	Amount <b>25.50</b>
City <b>Saltville</b> State <b>VA</b> Zip Code <b>24370</b>	<b>Transaction ID : c270f3c1-0ff1-46b4-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 15 / 2014</b>
Purpose of Expenditure <b>Mileage</b> Category/Type <b>002</b>	Name of Federal Candidate <b>Ms. Kay Hagan</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate <b>Ms. Kay Hagan</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Serena A Jones</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 16 / 2014</b>
Mailing Address <b>7151 Mullins Drive</b>	Amount <b>80.00</b>
City <b>Saltville</b> State <b>VA</b> Zip Code <b>24370</b>	<b>Transaction ID : 04636ed6-0d4f-4aaf-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 16 / 2014</b>
Purpose of Expenditure <b>Salary</b> Category/Type <b>001</b>	Name of Federal Candidate <b>Ms. Kay Hagan</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate <b>Ms. Kay Hagan</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>105.50</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date **05 / 14 / 2015**

Signature \_\_\_\_\_



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Serena A Jones</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 16 / 2014</b>
Mailing Address <b>7151 Mullins Drive</b>	Amount <b>29.70</b>
City <b>Saltville</b> State <b>VA</b> Zip Code <b>24370</b>	<b>Transaction ID : 7f0a5fda-d856-4edf-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 16 / 2014</b>
Purpose of Expenditure <b>Mileage</b> Category/Type <b>002</b>	Name of Federal Candidate <b>Ms. Kay Hagan</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate <b>Ms. Kay Hagan</b> <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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Serena A Jones</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 17 / 2014</b>
Mailing Address <b>7151 Mullins Drive</b>	Amount <b>50.00</b>
City <b>Saltville</b> State <b>VA</b> Zip Code <b>24370</b>	<b>Transaction ID : 8922d2bd-83ce-4a39-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 17 / 2014</b>
Purpose of Expenditure <b>Salary</b> Category/Type <b>001</b>	Name of Federal Candidate <b>Ms. Kay Hagan</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate <b>Ms. Kay Hagan</b> <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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>79.70</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date **05 / 14 / 2015**

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; padding: 2px;">C</span> 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 <b>Serena A Jones</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 17 / 2014</b>	
Mailing Address 7151 Mullins Drive		Amount <b>21.00</b>	
City Saltville	State VA	Zip Code 24370	<b>Transaction ID : 1877c34d-e64f-441e-a</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 17 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate            District: <u>00</u> State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Allie Butler</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address 1676 Shady Creek Rd		Amount <b>50.00</b>	
City Ayden	State NC	Zip Code 28513	<b>Transaction ID : 8780c614-ebf8-4a5a-8</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate            District: <u>00</u> State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>71.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	_____
(c) <b>TOTAL</b> Independent Expenditures.....▶	_____

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00530766</span> </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 <b>Allie Butler</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">07</span> / <span style="font-size: 1.2em;">23</span> / <span style="font-size: 1.2em;">2014</span> </div>						
Mailing Address    1676 Shady Creek Rd	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">18.60</span> </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Ayden</td> <td>NC</td> <td>28513</td> </tr> </table>	City	State	Zip Code	Ayden	NC	28513	<b>Transaction ID : 8574e290-7ea4-4b7e-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">07</span> / <span style="font-size: 1.2em;">23</span> / <span style="font-size: 1.2em;">2014</span> </div>
City	State	Zip Code					
Ayden	NC	28513					
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> <span style="font-size: 1.2em;">002</span> </div>						
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">1095959.94</span> </div>						
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____							

Full Name of Payee <b>Emily Butler</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">07</span> / <span style="font-size: 1.2em;">23</span> / <span style="font-size: 1.2em;">2014</span> </div>						
Mailing Address    1676 Shady Creek Rd	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">53.30</span> </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Ayden</td> <td>NC</td> <td>28513</td> </tr> </table>	City	State	Zip Code	Ayden	NC	28513	<b>Transaction ID : d856629e-ecdc-4a87-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">07</span> / <span style="font-size: 1.2em;">23</span> / <span style="font-size: 1.2em;">2014</span> </div>
City	State	Zip Code					
Ayden	NC	28513					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> <span style="font-size: 1.2em;">001</span> </div>						
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">1095959.94</span> </div>						
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____							

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">71.90</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </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 05 / 14 / 2015

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: Lorri Anderson
Mailing Address: 7214 Duchamp Dr
City: Charlotte, State: NC, Zip Code: 23215
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/23/2014
Amount: 30.00
Transaction ID: 87c99f41-2a6c-4abd-9
Date of Disbursement or Obligation: 07/23/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

Full Name of Payee: Lorri Anderson
Mailing Address: 7214 Duchamp Dr
City: Charlotte, State: NC, Zip Code: 23215
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/23/2014
Amount: 10.80
Transaction ID: 4383c4bf-d9a2-47a5-9
Date of Disbursement or Obligation: 07/23/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 40.80
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Barbara A Williams</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>
Mailing Address 3002 Darden Rd Apt A	Amount <b>50.00</b>
City Greensboro	State NC
Zip Code 27407	<b>Transaction ID : c802eb28-7ab1-4b52-8</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>
Category/Type <b>001</b>	Name of Federal Candidate Ms. Kay Hagan
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Erika Burfield</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>
Mailing Address 2939 Country Club Drive	Amount <b>45.00</b>
City Hampstead	State NC
Zip Code 28443	<b>Transaction ID : fa9bcea8-3cab-4648-b</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>
Category/Type <b>001</b>	Name of Federal Candidate Ms. Kay Hagan
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>95.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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
Erika Burfield
Mailing Address
2939 Country Club Drive
City
Hampstead State
NC Zip Code
28443
Date of Public Distribution/Dissemination
07 / 23 / 2014
Amount
5.40
Transaction ID : 281862a9-3598-4c40-8
Date of Disbursement or Obligation
07 / 23 / 2014
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate District: 00 State: NC
Calendar Year-To-Date
Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Robin L Bennett
Mailing Address
3505 Beaumont St
Apt 13D
City
Neosho State
MO Zip Code
64850
Date of Public Distribution/Dissemination
07 / 23 / 2014
Amount
35.50
Transaction ID : 8dee1596-25bc-489a-9
Date of Disbursement or Obligation
07 / 23 / 2014
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate District: 00 State: AR
Calendar Year-To-Date
Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 40.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name of Payee <b>Robin L Bennett</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3505 Beaumont St Apt 13D		Amount <input type="text"/>
City Neosho	State MO	Zip Code 64850
Purpose of Expenditure Mileage		Transaction ID : <b>8cbe4a19-d343-40a4-9</b>
Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Damian B Robinson</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 701 Green Mountain Dr Apt 1312		Amount <input type="text"/>
City Little Rock	State AR	Zip Code 72211
Purpose of Expenditure Salary		Transaction ID : <b>0041ef64-f414-415c-b</b>
Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<input type="text"/>	<b>84.40</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<input type="text"/>	
(c) <b>TOTAL</b> 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) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER <b>C</b> C00530766
---	---

Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name of Payee <b>Damian B Robinson</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 701 Green Mountain Dr Apt 1312		Amount <input type="text"/>	
City Little Rock	State AR	Zip Code 72211	Transaction ID : <b>ce94ea67-e342-46ce-8</b>
Purpose of Expenditure Mileage	Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <input type="text"/> State: <input type="text"/>
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 <b>Jodi Fountain</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1010 S Dogwood Drive		Amount <input type="text"/>	
City Bogalusa	State LA	Zip Code 70427	Transaction ID : <b>d830bc40-e6fc-402d-b</b>
Purpose of Expenditure Salary	Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <input type="text"/> State: <input type="text"/>
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) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<input type="text"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) <b>TOTAL</b> 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*      **[Electronically Filed]**      Date  /  /

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: Salary Category/Type: 001
Date of Public Distribution/Dissemination: 07/23/2014
Amount: 50.00
Transaction ID: ca89bf8c-4649-4003-a
Date of Disbursement or Obligation: 07/23/2014
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: 554635.78

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: 07/23/2014
Amount: 33.09
Transaction ID: b511bc63-bc81-47f3-8
Date of Disbursement or Obligation: 07/23/2014
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: 554635.78

(a) SUBTOTAL of Itemized Independent Expenditures..... 83.09
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <b>Rebecca Deucher</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address 4800 Vass Carthage Rd		Amount <b>65.00</b>	
City Carthage	State NC	Zip Code 28394	<b>Transaction ID : 00a6ff7f-d8af-4a5b-8</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Rebecca Deucher</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address 4800 Vass Carthage Rd		Amount <b>22.50</b>	
City Carthage	State NC	Zip Code 28394	<b>Transaction ID : 0476b170-722d-4038-b</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>87.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Marilyn Riley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>
Mailing Address 338 Wayne Drive		Amount 40.00
City Shreveport	State LA	Zip Code 71105
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>
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	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Transaction ID : **02179305-2322-4269-9**

Full Name of Payee <b>Tachnany Evans</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>
Mailing Address 3726 Saint Joe Road		Amount 50.00
City Atkins	State AR	Zip Code 72823
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor	<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: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Transaction ID : **a2e4a68d-d76b-4b62-9**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	90.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date MM / DD / YYYY **05 / 14 / 2015**





**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Jenna M Ledford</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>
Mailing Address <b>2279 Gouges Creek Rd</b>	Amount <b>50.00</b>
City <b>Spruce Pine</b> State <b>NC</b> Zip Code <b>28777</b>	<b>Transaction ID : 5772ceb9-a071-4807-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>
Purpose of Expenditure <b>Salary</b> Category/Type <b>001</b>	Name of Federal Candidate <b>Ms. Kay Hagan</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jenna M Ledford</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>
Mailing Address <b>2279 Gouges Creek Rd</b>	Amount <b>14.10</b>
City <b>Spruce Pine</b> State <b>NC</b> Zip Code <b>28777</b>	<b>Transaction ID : 32d4798c-06b1-4378-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>
Purpose of Expenditure <b>Mileage</b> Category/Type <b>002</b>	Name of Federal Candidate <b>Ms. Kay Hagan</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>64.10</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan* [Electronically Filed] Date **05 / 14 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Charity Zerbel</b>		Date of Public Distribution/Dissemination 07 / 23 / 2014
Mailing Address 804 Mary Ave		Amount 35.00
City Neosho	State MO	Zip Code 64850
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 37a71bb3-ab97-485c-8 Date of Disbursement or Obligation 07 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<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: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Charity Zerbel</b>		Date of Public Distribution/Dissemination 07 / 23 / 2014
Mailing Address 804 Mary Ave		Amount 1.80
City Neosho	State MO	Zip Code 64850
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : bc188425-27e9-462b-a Date of Disbursement or Obligation 07 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<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: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	36.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 05 / 14 / 2015

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 Caleb Craig
Mailing Address 1410 Bushville drive
City Lenoir State NC Zip Code 28645
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/23/2014
Amount 100.00
Transaction ID : f0d870be-79c4-48cc-8
Date of Disbursement or Obligation 07/23/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Caleb Craig
Mailing Address 1410 Bushville drive
City Lenoir State NC Zip Code 28645
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/23/2014
Amount 6.60
Transaction ID : a2900a9b-09ee-4fda-b
Date of Disbursement or Obligation 07/23/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 106.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature



# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Jonathan Odette</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address 9600 Earpsboro Chamblee Road		Amount <b>55.00</b>	
City Wendell	State NC	Zip Code 27591	<b>Transaction ID : fe9e67f9-e369-44ec-9</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jonathan Odette</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address 9600 Earpsboro Chamblee Road		Amount <b>25.80</b>	
City Wendell	State NC	Zip Code 27591	<b>Transaction ID : 3c647bc6-755c-416c-b</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>80.80</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Melanie Slagle</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 23 / 2014</b>
Mailing Address <b>77 Southridge Drive</b>		Amount <b>40.00</b>
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Transaction ID : <b>c025ea90-0e26-41ae-a</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 23 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought	<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Melanie Slagle</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 23 / 2014</b>
Mailing Address <b>77 Southridge Drive</b>		Amount <b>12.90</b>
City <b>Spruce Pine</b>	State <b>NC</b>	Zip Code <b>28777</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Transaction ID : <b>886347c6-df60-4d92-b</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 23 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought	<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>52.90</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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: Amiracle R Ross
Mailing Address: 3411 Asher Ave
City: Little Rock, State: AR, Zip Code: 72204
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/23/2014
Amount: 44.50
Transaction ID: ab6e764f-32bb-48a6-b
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Amiracle R Ross
Mailing Address: 3411 Asher Ave
City: Little Rock, State: AR, Zip Code: 72204
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/23/2014
Amount: 15.60
Transaction ID: f3c2f7e9-a3fb-40f9-a
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, 2014

(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.

Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
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: Donald Dessauer
Mailing Address: 1804 Auburn Ave
City: Metairie, State: LA, Zip Code: 70003
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/23/2014
Amount: 15.00
Transaction ID: c3d895c0-9e2f-48ce-b
Date of Disbursement or Obligation: 07/23/2014
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: 554635.78
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

Full Name of Payee: Donald Dessauer
Mailing Address: 1804 Auburn Ave
City: Metairie, State: LA, Zip Code: 70003
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/23/2014
Amount: 0.30
Transaction ID: 70422288-eb7e-4793-8
Date of Disbursement or Obligation: 07/23/2014
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: 554635.78
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 15.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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 M Stevens
Mailing Address: 1691 Fork Mtn Rd
City: Bakersville, State: NC, Zip Code: 28705
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/23/2014
Amount: 70.00
Transaction ID: 58b014b8-3ffe-454a-a
Date of Disbursement or Obligation: 07/23/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Virginia M Stevens
Mailing Address: 1691 Fork Mtn Rd
City: Bakersville, State: NC, Zip Code: 28705
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/23/2014
Amount: 25.20
Transaction ID: e8c9ef8f-1240-4b36-b
Date of Disbursement or Obligation: 07/23/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 95.20
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Malinda Ledford
Mailing Address
44 Bell Street Ext
City
Spruce Pine State
NC Zip Code
28777
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 23 / 2014
Amount
70.00
Transaction ID : c9265b7d-55ea-41a2-9
Date of Disbursement or Obligation
07 / 23 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Malinda Ledford
Mailing Address
44 Bell Street Ext
City
Spruce Pine State
NC Zip Code
28777
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 23 / 2014
Amount
25.20
Transaction ID : 0a4451e9-4d21-4f8f-8
Date of Disbursement or Obligation
07 / 23 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 95.20
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Andrew Shiver</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>
Mailing Address 110 Earlston Ct	Amount <b>55.00</b>
City Knightdale	State NC
Zip Code 27545	Transaction ID : <b>e3b0b12a-851b-40ea-8</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>
Category/Type <b>001</b>	Name of Federal Candidate Ms. Kay Hagan
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<b>1095959.94</b>	2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Andrew Shiver</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>
Mailing Address 110 Earlston Ct	Amount <b>9.90</b>
City Knightdale	State NC
Zip Code 27545	Transaction ID : <b>e802eefc-9393-4a70-b</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>
Category/Type <b>002</b>	Name of Federal Candidate Ms. Kay Hagan
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<b>1095959.94</b>	2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>64.90</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Kenny Wallis</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>
Mailing Address 6412 Osage Dr	Amount <b>20.00</b>
City North Little rock	State AR
Zip Code 72116	Transaction ID : <b>8f363592-7a9d-4b34-9</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>
Category/Type <b>001</b>	Name of Federal Candidate Mr. Mark L Pryor
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<b>292370.62</b>	2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Kenny Wallis</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>
Mailing Address 6412 Osage Dr	Amount <b>4.83</b>
City North Little rock	State AR
Zip Code 72116	Transaction ID : <b>c433aa3d-2995-48d4-9</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>
Category/Type <b>002</b>	Name of Federal Candidate Mr. Mark L Pryor
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<b>292370.62</b>	2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>24.83</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**





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
Mailing Address
202 Rue Des Cajun
City
Ville Platte State
LA Zip Code
70586
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
07 / 23 / 2014
Amount
45.00
Transaction ID : 5f446ca2-9257-432e-a
Date of Disbursement or Obligation
07 / 23 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
House District: 00
Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Zachary Vidrine
Mailing Address
202 Rue Des Cajun
City
Ville Platte State
LA Zip Code
70586
Purpose of Expenditure
Mileage Category/Type
002
Date of Public Distribution/Dissemination
07 / 23 / 2014
Amount
35.40
Transaction ID : 4138242d-2469-4916-8
Date of Disbursement or Obligation
07 / 23 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
House District: 00
Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 80.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 0 2px;">C</span> 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 <b>Lily Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address 205 Medallion Circle		Amount <b>80.00</b>	
City Shreveport	State LA	Zip Code 71119	<b>Transaction ID : 607fd5ed-db37-4d11-9</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lily Green</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>	
Mailing Address 205 Medallion Circle		Amount <b>21.00</b>	
City Shreveport	State LA	Zip Code 71119	<b>Transaction ID : 72961c0a-87fa-429b-a</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>101.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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: Xavier Miller
Mailing Address: 407 randall Dr
City: Searcy State: AR Zip Code: 72143
Purpose of Expenditure: Salary Category/Type: 001
Date of Public Distribution/Dissemination: 07/23/2014
Amount: 80.00
Transaction ID: c84e2e51-7b9a-43a9-9
Date of Disbursement or Obligation: 07/23/2014
Name of Federal Candidate: Mr. Mark L Pryor
Office Sought: Senate State: AR
Disbursement For: General 2014

Full Name of Payee: Xavier Miller
Mailing Address: 407 randall Dr
City: Searcy State: AR Zip Code: 72143
Purpose of Expenditure: Mileage Category/Type: 002
Date of Public Distribution/Dissemination: 07/23/2014
Amount: 82.80
Transaction ID: 012a0297-3225-42c5-8
Date of Disbursement or Obligation: 07/23/2014
Name of Federal Candidate: Mr. Mark L Pryor
Office Sought: Senate State: AR
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 162.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015











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
Francis Richardson
Mailing Address
220 Doucet Rd
City
Lafayette State
LA Zip Code
70503
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 23 / 2014
Amount
2.01
Transaction ID : 016244d3-fd41-4cc6-a
Date of Disbursement or Obligation
07 / 23 / 2014
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Steven Jean
Mailing Address
2012 Harrison Ave
City
Winston Salem State
NC Zip Code
27105
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 23 / 2014
Amount
80.00
Transaction ID : 68c7a634-d1f3-4c34-9
Date of Disbursement or Obligation
07 / 23 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 82.01
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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: Steven Jean
Mailing Address: 2012 Harrison Ave
City: Winston Salem, State: NC, Zip Code: 27105
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 12.00
Transaction ID: ef781d40-ab89-46fa-b
Date of Disbursement or Obligation: 07/23/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Courtney Goldstein
Mailing Address: 1809 N Woodlawn
City: Metairie, State: LA, Zip Code: 70001
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 35.00
Transaction ID: fdf2c744-2c98-4ed6-b
Date of Disbursement or Obligation: 07/23/2014
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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 47.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Courtney Goldstein
Mailing Address
1809 N Woodlawn
City
Metairie State
LA Zip Code
70001
Purpose of Expenditure
Mileage Category/Type
002
Date of Public Distribution/Dissemination
07 / 23 / 2014
Amount
0.90
Transaction ID : 0a9179cf-6f97-4640-8
Date of Disbursement or Obligation
07 / 23 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State: LA
Disbursement For:
General 2014

Full Name of Payee
Theresa Burkhart
Mailing Address
3126 Chester Ct
City
Metairie State
LA Zip Code
70006
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
07 / 23 / 2014
Amount
60.00
Transaction ID : 032f7077-44c5-4c7f-8
Date of Disbursement or Obligation
07 / 23 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State: LA
Disbursement For:
General 2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 60.90
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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 Ms. Tonya Boyd
Mailing Address 2357 Fancy Cap Rd
City Mt. Airy State NC Zip Code 27030
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/23/2014
Amount 105.00
Transaction ID : b8b84439-0a0d-4faa-8
Date of Disbursement or Obligation 07/23/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Disbursement For: Primary General 2014

Full Name of Payee Ms. Tonya Boyd
Mailing Address 2357 Fancy Cap Rd
City Mt. Airy State NC Zip Code 27030
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/23/2014
Amount 21.63
Transaction ID : 2daaa00d-6ade-4c04-8
Date of Disbursement or Obligation 07/23/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 126.63
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Brittany Jones
Mailing Address: 338 Wayne Drive
City: Shreveport, State: LA, Zip Code: 71105
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/23/2014
Amount: 20.00
Transaction ID: 8936ad40-1c9d-4957-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: 554635.78
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: 07/23/2014
Amount: 80.00
Transaction ID: cb4e2a06-f161-43a6-8
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 100.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: 07/23/2014
Amount: 40.00
Transaction ID: 4cde02bf-6ef3-455d-9
Date of Disbursement or Obligation: 07/23/2014
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: 554635.78

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: 07/23/2014
Amount: 33.00
Transaction ID: c54a6fe8-29d1-4777-b
Date of Disbursement or Obligation: 07/23/2014
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: 554635.78

(a) SUBTOTAL of Itemized Independent Expenditures: 73.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
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: 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: 07/23/2014
Amount: 70.00
Transaction ID: 68d7cae0-52a4-4906-b
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Sarinda S Dudley
Mailing Address: 4367 Splitlog Rd
City: Goodman, State: MO, Zip Code: 64843
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/23/2014
Amount: 30.00
Transaction ID: b0fd52b9-72d0-46b3-a
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 100.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Alexa S Dudley</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>
Mailing Address 4367 Splitlog Rd	Amount <b>30.00</b>
City Goodman	State MO
Zip Code 64843	<b>Transaction ID : 79a0ac85-6e71-4953-a</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>
Category/Type <b>001</b>	Name of Federal Candidate Mr. Mark L Pryor
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</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) ▶
<b>292370.62</b>	

Full Name of Payee <b>Alexa S Dudley</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>
Mailing Address 4367 Splitlog Rd	Amount <b>27.00</b>
City Goodman	State MO
Zip Code 64843	<b>Transaction ID : 0c5a1793-4f8e-4288-a</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>
Category/Type <b>002</b>	Name of Federal Candidate Mr. Mark L Pryor
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</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) ▶
<b>292370.62</b>	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>57.00</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**







**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Danielle McCoy</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 23 / 2014
Mailing Address 1025 Cayley Ct	Amount <span style="border: 1px solid black; padding: 2px;">20.70</span>
City High Point State NC Zip Code 27260	<b>Transaction ID : b18da6ad-071e-47ab-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 23 / 2014
Purpose of Expenditure Mileage Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Name of Federal Candidate Ms. Kay Hagan <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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Chris McCoy</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 23 / 2014
Mailing Address 1025 Cayley Ct	Amount <span style="border: 1px solid black; padding: 2px;">90.00</span>
City High Point State NC Zip Code 27260	<b>Transaction ID : 1ad60399-46af-400a-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 23 / 2014
Purpose of Expenditure Salary Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Name of Federal Candidate Ms. Kay Hagan <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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">110.70</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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 05 / 14 / 2015

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
Date of Public Distribution/Dissemination
07 / 23 / 2014
Amount
1.80
Transaction ID : 3097173e-2fcb-480a-9
Date of Disbursement or Obligation
07 / 23 / 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
554635.78
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Phillip Williams
Mailing Address
3007 Darden Rd
City
Greensboro State
NC Zip Code
27407
Date of Public Distribution/Dissemination
07 / 23 / 2014
Amount
82.50
Transaction ID : 552ce722-df09-4b3d-9
Date of Disbursement or Obligation
07 / 23 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 84.30
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Phillip Williams
Mailing Address
3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure
Mileage Category/Type 002
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination
07 / 23 / 2014
Amount
24.60
Transaction ID : 4d34a519-f7fd-4086-b
Date of Disbursement or Obligation
07 / 23 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General 2014
Other (specify)

Full Name of Payee
Beverly Williams
Mailing Address
3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure
Salary Category/Type 001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination
07 / 23 / 2014
Amount
82.50
Transaction ID : 1509bada-faf7-4920-9
Date of Disbursement or Obligation
07 / 23 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General 2014
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 107.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 23 / 2014
Amount
60.00
Transaction ID : c43f7f8e-5604-43c4-9
Date of Disbursement or Obligation
07 / 23 / 2014
Office Sought: House District: 00
Senate State: NC
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. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 23 / 2014
Amount
60.00
Transaction ID : 4fb3b23a-e719-434b-9
Date of Disbursement or Obligation
07 / 23 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 120.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Laura U Logie</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>
Mailing Address 2565 Shire Circle	Amount <b>40.00</b>
City Harrisonburg	State VA
Zip Code 22801	<b>Transaction ID : 6bedc7fc-0ad9-4c79-9</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>
Category/Type <b>001</b>	
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Taylor N Randall</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 23 / 2014</b>
Mailing Address 2002 E Park Ave Apt 40	Amount <b>100.00</b>
City Searcy	State AR
Zip Code 72143	<b>Transaction ID : f9d89283-d612-4187-a</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 23 / 2014</b>
Category/Type <b>001</b>	
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>140.00</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**





**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Mr. Matthew Fouty</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 02 / 2014
Mailing Address 110 Pebblestone Ct.	Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>
City King State NC Zip Code 27021	<b>Transaction ID : ffc64f66-5736-43d0-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 02 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Kay Hagan <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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Mr. Matthew Fouty</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 02 / 2014
Mailing Address 110 Pebblestone Ct.	Amount <span style="border: 1px solid black; padding: 2px;">5.40</span>
City King State NC Zip Code 27021	<b>Transaction ID : afcdb969-87e9-4705-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 02 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Ms. Kay Hagan <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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">35.40</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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 05 / 14 / 2015

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: Sean B Hicks
Mailing Address: 44 McDowell Drive
City: Wake Forest, State: NC, Zip Code: 27587
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 35.00
Transaction ID: 71fa43a7-e8e3-4fd4-9
Date of Disbursement or Obligation: 07/24/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Sean B Hicks
Mailing Address: 44 McDowell Drive
City: Wake Forest, State: NC, Zip Code: 27587
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 1.50
Transaction ID: 442a6a13-9575-438c-9
Date of Disbursement or Obligation: 07/24/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 36.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Fuel Pizza
Mailing Address: 1606 K Street NW
City: Washington State: DC Zip Code: 20006
Purpose of Expenditure: Food Category/Type: 007
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 141.33
Transaction ID: eb982943-1e40-44a8-8
Date of Disbursement or Obligation: 07/24/2014
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate State: NC
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 1095959.94

Full Name of Payee: James W Blevins
Mailing Address: 108 East Clinton St PO Box 410
City: Salemburg State: NC Zip Code: 28385
Purpose of Expenditure: Salary Category/Type: 001
Date of Public Distribution/Dissemination: 07/12/2014
Amount: 27.50
Transaction ID: e1ec2f51-0f91-44f8-b
Date of Disbursement or Obligation: 07/12/2014
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate State: NC
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 1095959.94

(a) SUBTOTAL of Itemized Independent Expenditures: 168.83
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Katlynn Cockerham
Mailing Address
4970 Lyman Rd
City
Winston Salem State
NC Zip Code
27105
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
6.30
Transaction ID : adfced24-7b11-451e-a
Date of Disbursement or Obligation
07 / 24 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Jodi Fountain
Mailing Address
1010 S Dogwood Drive
City
Bogalusa State
LA Zip Code
70427
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
10.00
Transaction ID : f64abc6d-02a9-4988-8
Date of Disbursement or Obligation
07 / 24 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 16.30
(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 05 / 14 / 2015
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: Steven Jean
Mailing Address: 2012 Harrison Ave
City: Winston Salem, State: NC, Zip Code: 27105
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 75.00
Transaction ID: 5b45768a-9ab5-4237-9
Date of Disbursement or Obligation: 07/24/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Steven Jean
Mailing Address: 2012 Harrison Ave
City: Winston Salem, State: NC, Zip Code: 27105
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 13.50
Transaction ID: 3bc9368c-e6b2-4e19-a
Date of Disbursement or Obligation: 07/24/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 88.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Mr. Matthew Fouty</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014
Mailing Address 110 Pebblestone Ct.	Amount 30.00
City King      State NC      Zip Code 27021	<b>Transaction ID : 16c6045a-26e6-4f1d-b</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Purpose of Expenditure Salary      Category/Type 001	Name of Federal Candidate Ms. Kay Hagan <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1095959.94	Office Sought: <input type="checkbox"/> House      District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate      State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Mr. Matthew Fouty</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014
Mailing Address 110 Pebblestone Ct.	Amount 6.00
City King      State NC      Zip Code 27021	<b>Transaction ID : b272e791-9693-4eb1-a</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Purpose of Expenditure Mileage      Category/Type 002	Name of Federal Candidate Ms. Kay Hagan <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1095959.94	Office Sought: <input type="checkbox"/> House      District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate      State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	36.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date 05 / 14 / 2015

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: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 50.00
Transaction ID: 164c0ff1-a297-4e95-8
Date of Disbursement or Obligation: 07/24/2014
Name of Federal Candidate: Ms. Mary L Landriau
Office Sought: Senate, State: LA
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 554635.78

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: 07/24/2014
Amount: 12.00
Transaction ID: fbc25a32-cdd6-431f-a
Date of Disbursement or Obligation: 07/24/2014
Name of Federal Candidate: Ms. Mary L Landriau
Office Sought: Senate, State: LA
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 554635.78

(a) SUBTOTAL of Itemized Independent Expenditures: 62.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span>	

Full Name of Payee <b>Carmen Maddrey</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <b>07 / 24 / 2014</b>
Mailing Address 2043 Nottingham Ln	Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>
City State Zip Code Burlington NC 27215	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

**Transaction ID : 016349a5-8a05-4599-9**

Full Name of Payee <b>Carmen Maddrey</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <b>07 / 24 / 2014</b>
Mailing Address 2043 Nottingham Ln	Amount <span style="border: 1px solid black; padding: 2px;">1.20</span>
City State Zip Code Burlington NC 27215	
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

**Transaction ID : bd02fbd8-70da-4758-8**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">41.20</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Barbara E Spritz</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 3346 Durham St Ext		Amount <input type="text"/>	
City Burlington	State NC	Zip Code 27217	Transaction ID : 0854e9c6-03f4-4582-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
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 <b>Barbara E Spritz</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 3346 Durham St Ext		Amount <input type="text"/>	
City Burlington	State NC	Zip Code 27217	Transaction ID : 9c4043d4-c9bd-4f50-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
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 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: Brian Saltzler
Mailing Address: 601 S College Road
City: Wilmington, State: NC, Zip Code: 28403
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 25.00
Transaction ID: a364b6b3-8c1d-489e-8
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Brian Saltzler
Mailing Address: 601 S College Road
City: Wilmington, State: NC, Zip Code: 28403
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 3.60
Transaction ID: 75b30c73-2e19-4335-a
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 28.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
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
Malinda Ledford
Mailing Address
44 Bell Street Ext
City
Spruce Pine State
NC Zip Code
28777
Purpose of Expenditure
Salary Category/
Type
001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
80.00
Transaction ID : a59d6243-535f-40d8-9
Date of Disbursement or Obligation
07 / 24 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Malinda Ledford
Mailing Address
44 Bell Street Ext
City
Spruce Pine State
NC Zip Code
28777
Purpose of Expenditure
Mileage Category/
Type
002
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
30.60
Transaction ID : 6b313e76-ebc1-4dbd-b
Date of Disbursement or Obligation
07 / 24 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 110.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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
Virginia M Stevens
Mailing Address
1691 Fork Mtn Rd
City
Bakersville State
NC Zip Code
28705
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
80.00
Transaction ID : 1b1ac99e-4391-4433-8
Date of Disbursement or Obligation
07 / 24 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Virginia M Stevens
Mailing Address
1691 Fork Mtn Rd
City
Bakersville State
NC Zip Code
28705
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
30.60
Transaction ID : 3aa624f0-dd6f-4d6d-8
Date of Disbursement or Obligation
07 / 24 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 110.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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: Wayne Burckel
Mailing Address: 46 Glenwood Ave
City: Harahan, State: LA, Zip Code: 70123
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 20.00
Transaction ID: c706f634-769f-4325-9
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: 554635.78

Full Name of Payee: Steven Best
Mailing Address: 103 Washington Ave
City: Newport, State: NC, Zip Code: 28570
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 13.00
Transaction ID: 21c79500-982a-48f6-9
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate, State: NC
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 1095959.94

(a) SUBTOTAL of Itemized Independent Expenditures: 33.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Steven Best</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address 103 Washington Ave		Amount 1.50	
City Newport	State NC	Zip Code 28570	Transaction ID : <b>1093227b-5ad0-42b8-a</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</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) ▶	

Full Name of Payee <b>Trent C Oelschlaeger</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address 18710 Strawberry Plant Road		Amount 38.00	
City Fayetteville	State AR	Zip Code 72704	Transaction ID : <b>653fe01a-954e-4da9-a</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<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>AR</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) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	39.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date **05 / 14 / 2015**



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: Trent C Oelschlaeger
Mailing Address: 18710 Strawberry Plant Road
City: Fayetteville, State: AR, Zip Code: 72704
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 7.50
Transaction ID: cfd20d22-8ced-4cc0-9
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Solveig Lysne
Mailing Address: 7121 Oyster Lane
City: Wilmington, State: NC, Zip Code: 28411
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 33.60
Transaction ID: 7cc77a19-c682-44ac-b
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 41.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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: Solveig Lysne
Mailing Address: 7121 Oyster Lane
City: Wilmington, State: NC, Zip Code: 28411
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 9.51
Transaction ID: 4622e9f1-bb1a-43d9-9
Date of Disbursement or Obligation: 07/24/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Donald Dessauer
Mailing Address: 1804 Auburn Ave
City: Metairie, State: LA, Zip Code: 70003
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 10.00
Transaction ID: 2c12188e-8217-44ac-b
Date of Disbursement or Obligation: 07/24/2014
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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 19.51
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Donald Dessauer
Mailing Address: 1804 Auburn Ave
City: Metairie, State: LA, Zip Code: 70003
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 0.30
Transaction ID: 4c78a1e3-f716-42f8-a
Date of Disbursement or Obligation: 07/24/2014
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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Wayne Burckel
Mailing Address: 46 Glenwood Ave
City: Harahan, State: LA, Zip Code: 70123
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 15.00
Transaction ID: 5372b25e-d6ba-4771-b
Date of Disbursement or Obligation: 07/24/2014
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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 15.30
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Wayne Burckel
Mailing Address
46 Glenwood Ave
City
Harahan State
LA Zip Code
70123
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
0.60
Transaction ID : a6c59d96-349b-4f32-b
Date of Disbursement or Obligation
07 / 24 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Corey Miller
Mailing Address
8617 Riley Hills Rd
City
Zebulon State
NC Zip Code
27597
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
40.00
Transaction ID : cb804c80-aa0f-4f69-9
Date of Disbursement or Obligation
07 / 24 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 40.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Corey Miller
Mailing Address
8617 Riley Hills Rd
City
Zebulon State
NC Zip Code
27597
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
14.40
Transaction ID : 6136e2cb-68f0-413c-b
Date of Disbursement or Obligation
07 / 24 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Jonathan Odette
Mailing Address
9600 Earpsboro Chamblee Road
City
Wendell State
NC Zip Code
27591
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
40.00
Transaction ID : 01a11fe9-9574-4a40-8
Date of Disbursement or Obligation
07 / 24 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 54.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Jonathan Odette</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>
Mailing Address 9600 Earpsboro Chamblee Road		Amount <b>7.50</b>
City Wendell	State NC	Zip Code 27591
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Transaction ID : <b>b24a62a3-2f78-45db-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Caleb Craig</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>
Mailing Address 1410 Bushville drive		Amount <b>100.00</b>
City Lenoir	State NC	Zip Code 28645
Purpose of Expenditure Salary	Category/Type <b>001</b>	Transaction ID : <b>a017814f-89fb-4d18-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>107.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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
Caleb Craig
Mailing Address
1410 Bushville drive
City
Lenoir State
NC Zip Code
28645
Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
6.90
Transaction ID : 8485ae7c-99d3-4b1d-b
Date of Disbursement or Obligation
07 / 24 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose Office Sought:
House Senate District:
00 State:
NC Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Jennie Butler
Mailing Address
1676 Shady Creek Rd
City
Ayden State
NC Zip Code
28513
Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
46.60
Transaction ID : d779f5ae-1d14-49dc-a
Date of Disbursement or Obligation
07 / 24 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose Office Sought:
House Senate District:
00 State:
NC Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 53.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Amiracle R Ross
Mailing Address
3411 Asher Ave
City
Little Rock State
AR Zip Code
72204
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
10.50
Transaction ID : 1399d242-e51f-4c2c-a
Date of Disbursement or Obligation
07 / 24 / 2014
Office Sought: House District: 00
Senate State: AR
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
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
45.00
Transaction ID : fc2f616c-9aef-46fd-a
Date of Disbursement or Obligation
07 / 24 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 55.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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
Joseph P Thierfelder
Previously filed under the name Pthierfelder

Date of Public Distribution/Dissemination
07 / 24 / 2014

Mailing Address
2411 Armstrong

Amount
10.50
Transaction ID : f7c0b3b0-c554-4d9f-a

City State Zip Code
Gastonia NC 28054

Date of Disbursement or Obligation
07 / 24 / 2014

Purpose of Expenditure
Mileage
Category/Type
002

Name of Federal Candidate
Ms. Kay Hagan
Support Oppose

Office Sought:
House Senate
District: 00
State: NC

Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Disbursement For:
Primary General
2014

Full Name of Payee
Emily Butler

Date of Public Distribution/Dissemination
07 / 24 / 2014

Mailing Address
1676 Shady Creek Rd

Amount
50.00
Transaction ID : ae09c484-4b20-45b6-8

City State Zip Code
Ayden NC 28513

Date of Disbursement or Obligation
07 / 24 / 2014

Purpose of Expenditure
Salary
Category/Type
001

Name of Federal Candidate
Ms. Kay Hagan
Support Oppose

Office Sought:
House Senate
District: 00
State: NC

Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Disbursement For:
Primary General
2014

(a) SUBTOTAL of Itemized Independent Expenditures 60.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Lorri Anderson</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>
Mailing Address <b>7214 Duchamp Dr</b>	Amount <b>25.00</b>
City <b>Charlotte</b> State <b>NC</b> Zip Code <b>23215</b>	<b>Transaction ID : 7277c1d8-3fde-4a08-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>
Purpose of Expenditure <b>Salary</b> Category/Type <b>001</b>	Name of Federal Candidate <b>Ms. Kay Hagan</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Lorri Anderson</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>
Mailing Address <b>7214 Duchamp Dr</b>	Amount <b>10.80</b>
City <b>Charlotte</b> State <b>NC</b> Zip Code <b>23215</b>	<b>Transaction ID : 4a3cec61-900b-4bb5-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>
Purpose of Expenditure <b>Mileage</b> Category/Type <b>002</b>	Name of Federal Candidate <b>Ms. Kay Hagan</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NC</b>
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>35.80</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date **05 / 14 / 2015**

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: Kevin L Battle
Mailing Address: 3300 Asher Ave
City: Little Rock, State: AR, Zip Code: 72204
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 40.00
Transaction ID: ff0336cb-c123-4428-a
Name of Federal Candidate: Mr. Mark L Pryor, Office Sought: Senate, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: General 2014

Full Name of Payee: Kevin L Battle
Mailing Address: 3300 Asher Ave
City: Little Rock, State: AR, Zip Code: 72204
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 15.00
Transaction ID: c177c5a5-e89d-4f95-9
Name of Federal Candidate: Mr. Mark L Pryor, Office Sought: Senate, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: General 2014

(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 05/14/2015
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
Anna Harris
Mailing Address
3654 Tara St
City
Springdale State
AR Zip Code
72762
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
15.00
Transaction ID : e4a4899f-4594-4e04-9
Date of Disbursement or Obligation
07 / 24 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General 2014 Other (specify)

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
07 / 21 / 2014
Amount
25.00
Transaction ID : 34029dd6-37c6-4de8-9
Date of Disbursement or Obligation
07 / 21 / 2014
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 40.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: 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: 07/16/2014
Amount: 65.00
Transaction ID: 937f4287-55c5-4e0b-b
Date of Disbursement or Obligation: 07/16/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

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: 07/15/2014
Amount: 40.00
Transaction ID: f7c1924a-3f56-4baf-8
Date of Disbursement or Obligation: 07/15/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 105.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Antoinette Franklin
Mailing Address
8822 Apple St
City
New Orleans State
LA Zip Code
70188
Purpose of Expenditure
Salary Category/
Type
001
Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose
Office Sought:
House
Senate
District:
00
State:
NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 14 / 2014
Amount
65.00
Transaction ID : 11327913-f85c-4685-a
Date of Disbursement or Obligation
07 / 14 / 2014
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Mattie Harris
Mailing Address
3654 Tara St
City
springdale State
AR Zip Code
72762
Purpose of Expenditure
Salary Category/
Type
001
Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Office Sought:
House
Senate
District:
00
State:
AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
85.00
Transaction ID : 2f21b706-3c40-49fc-8
Date of Disbursement or Obligation
07 / 24 / 2014
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 150.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Mattie Harris</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>
Mailing Address 3654 Tara St		Amount 16.20
City springdale	State AR	Zip Code 72762
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : <b>cb3b91eb-eee3-4b93-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>OBrian Price</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>
Mailing Address 2400 Covenant Cove		Amount 75.00
City Little Rock	State AR	Zip Code 72204
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : <b>14dfd84c-5060-410e-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	91.20
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold;">C</span> 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>OBrian Price</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 24 / 2014		
Mailing Address 2400 Covenant Cove			Amount <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">25.50</span>		
City Little Rock	State AR	Zip Code 72204	<b>Transaction ID : bd339322-d83d-463b-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 24 / 2014		
Purpose of Expenditure Mileage		Category/ Type <span style="border: 1px solid black; padding: 2px; display: inline-block;">002</span>	Name of Federal Candidate Mr. Mark L Pryor		
Name of Federal Candidate Mr. Mark L Pryor		<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>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Larry Freeman</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 24 / 2014		
Mailing Address 11214 Mesa drive			Amount <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">75.00</span>		
City Little rock	State AR	Zip Code 72211	<b>Transaction ID : 14e17722-896d-49aa-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type <span style="border: 1px solid black; padding: 2px; display: inline-block;">001</span>	Name of Federal Candidate Mr. Mark L Pryor		
Name of Federal Candidate Mr. Mark L Pryor		<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>AR</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">292370.62</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">100.50</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
 05 / 14 / 2015



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
Amelia Brackett
Mailing Address
804 Roundabout Circle
City
Searcy State
AR Zip Code
72143
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 17 / 2014
Amount
80.00
Transaction ID : 31a64ace-0770-4083-8
Date of Disbursement or Obligation
07 / 17 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
Other (specify)

Full Name of Payee
Amelia Brackett
Mailing Address
804 Roundabout Circle
City
Searcy State
AR Zip Code
72143
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 17 / 2014
Amount
83.40
Transaction ID : 1143c64f-3f8a-4332-9
Date of Disbursement or Obligation
07 / 17 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 163.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <span style="float:right">MM / DD / YYYY</span>	

Full Name of Payee <b>Robin L Bennett</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 20 / 2014	
Mailing Address 3505 Beaumont St Apt 13D		Amount 25.00	
City Neosho	State MO	Zip Code 64850	<b>Transaction ID : e61bedeb-c7c4-4bc5-a</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014	
Mailing Address 6412 Osage Dr		Amount 50.00	
City North Little rock	State AR	Zip Code 72116	<b>Transaction ID : a94e7943-9d7a-40f0-8</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	75.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

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
Kenny Wallis
Mailing Address
6412 Osage Dr
City
North Little rock State
AR Zip Code
72116
Purpose of Expenditure
Mileage Category/
Type 002

Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
2.34
Transaction ID : 2082fdc9-dbda-4dfe-a
Date of Disbursement or Obligation
07 / 24 / 2014

Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Office Sought:
House
Senate
District: 00
State: AR

Disbursement For:
Primary
General
Other (specify)
2014

Full Name of Payee
Phillip Williams
Mailing Address
3007 Darden Rd
City
Greensboro State
NC Zip Code
27407
Purpose of Expenditure
Salary Category/
Type 001

Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
62.50
Transaction ID : 74a0cd7c-0e95-407a-8
Date of Disbursement or Obligation
07 / 24 / 2014

Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose
Office Sought:
House
Senate
District: 00
State: NC

Disbursement For:
Primary
General
Other (specify)
2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 64.84
(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 05 / 14 / 2015
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: Phillip Williams
Mailing Address: 3007 Darden Rd
City: Greensboro, State: NC, Zip Code: 27407
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 15.00
Transaction ID: 66d26ba0-159b-4d4f-8
Date of Disbursement or Obligation: 07/24/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Beverly Williams
Mailing Address: 3007 Darden Rd
City: Greensboro, State: NC, Zip Code: 27407
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 62.50
Transaction ID: bb640e9d-4036-4248-9
Date of Disbursement or Obligation: 07/24/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 77.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Ralphie Lockhart
Mailing Address
6310 Col Glenn Rd
City
Little Rock State
AR Zip Code
72204
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
70.00
Transaction ID : 489a98df-93b5-40c0-a
Date of Disbursement or Obligation
07 / 24 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Ralphie Lockhart
Mailing Address
6310 Col Glenn Rd
City
Little Rock State
AR Zip Code
72204
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
21.00
Transaction ID : d2ba1aac-d437-4f5d-9
Date of Disbursement or Obligation
07 / 24 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 91.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Name of Federal Candidate
Ms. Mary L Landrieu
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
60.00
Transaction ID : b48420c6-c980-470d-b
Date of Disbursement or Obligation
07 / 24 / 2014
Office Sought:
House District: 00
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
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
34.50
Transaction ID : 42a327bc-5b2c-44f8-b
Date of Disbursement or Obligation
07 / 24 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 94.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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: Theresa Burkhart
Mailing Address: 3126 Chester Ct
City: Metairie, State: LA, Zip Code: 70006
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 50.00
Transaction ID: 04dffa1c-f1d4-4547-a
Date of Disbursement or Obligation: 07/24/2014
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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Theresa Burkhart
Mailing Address: 3126 Chester Ct
City: Metairie, State: LA, Zip Code: 70006
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 7.35
Transaction ID: e0cff88d-7f6c-4c25-8
Date of Disbursement or Obligation: 07/24/2014
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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 57.35
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Tarrin Lesaicherre</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address 629 Radiance Ave		Amount <b>70.00</b>	
City Metairie	State LA	Zip Code 70001	<b>Transaction ID : 9312198a-64f4-47b7-9</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Tarrin Lesaicherre</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address 629 Radiance Ave		Amount <b>4.20</b>	
City Metairie	State LA	Zip Code 70001	<b>Transaction ID : 6973ecd6-8068-494a-b</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>74.20</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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: Bradley K Kissinger
Mailing Address: 3113 Imperial Valley Dr.
City: Little Rock, State: AR, Zip Code: 72212
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 85.00
Transaction ID: 61978aca-d49c-48aa-8
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Bradley K Kissinger
Mailing Address: 3113 Imperial Valley Dr.
City: Little Rock, State: AR, Zip Code: 72212
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 13.80
Transaction ID: 1e82b15a-24a9-45c4-b
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 98.80
(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: 05/14/2015



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: Lee R Carter
Mailing Address: 3110 Brentwood Rd
City: Raleigh, State: NC, Zip Code: 27604
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 30.00
Transaction ID: 9a5975b4-8a10-4877-8
Date of Disbursement or Obligation: 07/24/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

Full Name of Payee: Lee R Carter
Mailing Address: 3110 Brentwood Rd
City: Raleigh, State: NC, Zip Code: 27604
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 2.10
Transaction ID: e70fbd18-2b0c-41df-9
Date of Disbursement or Obligation: 07/24/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 32.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
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 Sarah Burckel
Mailing Address 46 Glenwood Ave
City Harahan State LA Zip Code 70123
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/24/2014
Amount 25.00
Transaction ID : beaa946a-455d-41f3-b
Date of Disbursement or Obligation 07/24/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: General 2014

Full Name of Payee Sarah Burckel
Mailing Address 46 Glenwood Ave
City Harahan State LA Zip Code 70123
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/24/2014
Amount 0.90
Transaction ID : 2efa5acf-55d5-4d25-8
Date of Disbursement or Obligation 07/24/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 25.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Nathan Smith
Mailing Address: 1247 W Mt Comfort Rd
City: Fayetteville, State: AR, Zip Code: 72703
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/17/2014
Amount: 36.70
Transaction ID: c8592677-3f30-4426-9
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Nathan Smith
Mailing Address: 1247 W Mt Comfort Rd
City: Fayetteville, State: AR, Zip Code: 72703
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/17/2014
Amount: 4.50
Transaction ID: b82963fe-ce32-45ed-9
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 41.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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
Nathan Smith
Mailing Address
1247 W Mt Comfort Rd
City
Fayetteville State
AR Zip Code
72703
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
07 / 08 / 2014
Amount
21.60
Transaction ID : be1789fd-cc88-4000-9
Date of Disbursement or Obligation
07 / 08 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Office Sought:
House District: 00
President Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Nathan Smith
Mailing Address
1247 W Mt Comfort Rd
City
Fayetteville State
AR Zip Code
72703
Purpose of Expenditure
Mileage Category/Type
002
Date of Public Distribution/Dissemination
07 / 08 / 2014
Amount
6.60
Transaction ID : 14c66c04-52f8-455d-8
Date of Disbursement or Obligation
07 / 08 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Office Sought:
House District: 00
President Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 28.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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: Marysol Netro
Mailing Address: 312 S Gunter St
City: Siloam Springs, State: AR, Zip Code: 72761
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 30.00
Transaction ID: 2049aa48-3997-4494-a
Date of Disbursement or Obligation: 07/24/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Marysol Netro
Mailing Address: 312 S Gunter St
City: Siloam Springs, State: AR, Zip Code: 72761
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 1.20
Transaction ID: 67aee061-93c7-463b-9
Date of Disbursement or Obligation: 07/24/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 31.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Sean Hicks
Mailing Address: 44 McDowell Drive
City: Wake Forest, State: NC, Zip Code: 27587
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/20/2014
Amount: 50.00
Transaction ID: 3d49a067-b426-4681-8
Date of Disbursement or Obligation: 07/20/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Sean Hicks
Mailing Address: 44 McDowell Drive
City: Wake Forest, State: NC, Zip Code: 27587
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/20/2014
Amount: 6.00
Transaction ID: 8e544767-f7ea-4929-b
Date of Disbursement or Obligation: 07/20/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 56.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Myeisha M Ross
Mailing Address: 3411 Asher Ave
City: Little Rock, State: AR, Zip Code: 72209
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 30.00
Transaction ID: f8bcbd43-a2f6-451c-9
Name of Federal Candidate: Mr. Mark L Pryor, Office Sought: Senate, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: General 2014

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: 07/24/2014
Amount: 45.00
Transaction ID: 2ef3e4df-2950-453b-b
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: General 2014

(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 05/14/2015
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: Xavier Miller
Mailing Address: 407 randall Dr
City: Searcy State: AR Zip Code: 72143
Purpose of Expenditure: Salary Category/Type: 001
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 80.00
Transaction ID: f43a48ce-bb29-4a76-9
Date of Disbursement or Obligation: 07/24/2014
Name of Federal Candidate: Mr. Mark L Pryor
Office Sought: Senate State: AR
Disbursement For: General 2014

Full Name of Payee: Xavier Miller
Mailing Address: 407 randall Dr
City: Searcy State: AR Zip Code: 72143
Purpose of Expenditure: Mileage Category/Type: 002
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 86.70
Transaction ID: f6fea1fc-7ef5-4015-b
Date of Disbursement or Obligation: 07/24/2014
Name of Federal Candidate: Mr. Mark L Pryor
Office Sought: Senate State: AR
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 166.70
(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: 05/14/2015



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: 07/24/2014
Amount: 20.00
Transaction ID: 3f69e9c0-325e-4409-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: 554635.78

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: 07/24/2014
Amount: 2.10
Transaction ID: e9e0a284-b382-4f45-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: 554635.78

(a) SUBTOTAL of Itemized Independent Expenditures: 22.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015

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
Cassidy Quartararo
Mailing Address
632 Cameron Court
City
Kenner State
LA Zip Code
70065
Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
65.00
Transaction ID : 4d7fd3e3-a1df-40d2-8
Date of Disbursement or Obligation
07 / 24 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Office Sought: House Senate
District: 00 State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Cassidy Quartararo
Mailing Address
632 Cameron Court
City
Kenner State
LA Zip Code
70065
Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
9.48
Transaction ID : 80ed3535-bdc0-4206-8
Date of Disbursement or Obligation
07 / 24 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Office Sought: House Senate
District: 00 State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 74.48
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Timothy Foley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address 20679 Glenbrook Terrace		Amount <b>80.00</b>	
City Sterling	State VA	Zip Code 20165	<b>Transaction ID : 00de8443-7ee9-4f29-b</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Francis Richardson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address 220 Doucet Rd		Amount <b>27.00</b>	
City Lafayette	State LA	Zip Code 70503	<b>Transaction ID : c35c975e-6b88-4e5a-8</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>107.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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
Francis Richardson
Mailing Address
220 Doucet Rd
City
Lafayette State
LA Zip Code
70503
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
3.15
Transaction ID : 31de5d41-c61b-4314-b
Date of Disbursement or Obligation
07 / 24 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Glenda McKinney
Mailing Address
308 West Main Street
City
Plot Mountain State
NC Zip Code
27041
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
30.00
Transaction ID : 2a1f3759-8dcb-4576-8
Date of Disbursement or Obligation
07 / 24 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 33.15
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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 Alexa S Dudley
Mailing Address 4367 Splitlog Rd
City Goodman State MO Zip Code 64843
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/24/2014
Amount 70.00
Transaction ID : 47977024-2488-4ed9-a
Date of Disbursement or Obligation 07/24/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Sarinda S Dudley
Mailing Address 4367 Splitlog Rd
City Goodman State MO Zip Code 64843
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/24/2014
Amount 70.00
Transaction ID : 2783762b-a325-4b95-9
Date of Disbursement or Obligation 07/24/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
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 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Sarinda S Dudley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>
Mailing Address 4367 Splitlog Rd		Amount <b>24.60</b>
City Goodman	State MO	Zip Code 64843
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Transaction ID : <b>a26c0706-1d91-496c-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Mr. Roger McKinney</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>
Mailing Address 308 West Main Street		Amount <b>30.00</b>
City Pilot Mountain	State NC	Zip Code 27041
Purpose of Expenditure Salary	Category/Type <b>001</b>	Transaction ID : <b>2866dc38-45ac-4815-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>54.60</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**



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: Mr. Roger McKinney
Mailing Address: 308 West Main Street
City: Pilot Mountain, State: NC, Zip Code: 27041
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 9.18
Transaction ID: a5f662c7-d2e5-46e4-8
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Barbra L Landry
Mailing Address: 2992 Wright Ave
City: Fayetteville, State: AR, Zip Code: 72704
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 65.00
Transaction ID: d965c800-2c28-4c81-8
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 74.18
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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: Barbra L Landry
Mailing Address: 2992 Wright Ave
City: Fayetteville, State: AR, Zip Code: 72704
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 4.50
Transaction ID: 7b41de01-70ef-4b17-9
Date of Disbursement or Obligation: 07/24/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Patrice Wolfe
Mailing Address: 9909 Treasure Hill Rd
City: Little Rock, State: AR, Zip Code: 72205
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 17.50
Transaction ID: 4812d4d0-615d-4413-a
Date of Disbursement or Obligation: 07/24/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 22.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Patrice Wolfe</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014
Mailing Address 9909 Treasure Hill Rd	Amount 4.50
City Little Rock	State AR
Zip Code 72205	Transaction ID : ca0f7736-43b0-4d97-8
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>	
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) ▶
292370.62	

Full Name of Payee <b>Rebecca Deucher</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2014
Mailing Address 4800 Vass Carthage Rd	Amount 85.00
City Carthage	State NC
Zip Code 28394	Transaction ID : b9ea3e97-6267-4bfb-8
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY 07 / 24 / 2014
Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>	
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) ▶
1095959.94	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	89.50
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date MM / DD / YYYY 05 / 14 / 2015

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: Rebecca Deucher
Mailing Address: 4800 Vass Carthage Rd
City: Carthage, State: NC, Zip Code: 28394
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 22.50
Transaction ID: ead51685-864a-4063-8
Date of Disbursement or Obligation: 07/24/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

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
Amount: 35.00
Transaction ID: c38672ff-4001-4182-a
Date of Disbursement or Obligation: 07/24/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 57.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015



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
Nathan D Wirebaugh
Mailing Address
7320 Red Maple Dr
City
Holland State
OH Zip Code
43528
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
30.00
Transaction ID : 740b7377-de12-4f4d-8
Date of Disbursement or Obligation
07 / 24 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Benjamin Hernandez
Mailing Address
915 E Market Ave
City
Searcy State
AR Zip Code
72149
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
85.00
Transaction ID : b39d2914-d547-4cc6-b
Date of Disbursement or Obligation
07 / 24 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 115.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Rodney D Culbreth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount <b>70.00</b>	
City Winchester	State VA	Zip Code 22602	Transaction ID : <b>017726f7-733f-49d6-a</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Taylor N Randall</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 24 / 2014</b>	
Mailing Address 2002 E Park Ave Apt 40		Amount <b>50.00</b>	
City Searcy	State AR	Zip Code 72143	Transaction ID : <b>ddbd1451-b554-454c-b</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 24 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>120.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**



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 N Randall
Mailing Address
2002 E Park Ave
Apt 40
City
Searcy State
AR Zip Code
72143
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
96.75
Transaction ID : c5daaacd-902c-4d57-b
Date of Disbursement or Obligation
07 / 24 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Tabetha D Espenschied
Mailing Address
2002 East Park Ave
Apt 40
City
Searcy State
AR Zip Code
72143
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
100.00
Transaction ID : b08c36b8-8eed-416e-b
Date of Disbursement or Obligation
07 / 24 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 196.75
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
80.00
Transaction ID : 93e5ca65-bbdb-4984-b
Date of Disbursement or Obligation
07 / 25 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Amiracle R Ross
Mailing Address
3411 Asher Ave
City
Little Rock State
AR Zip Code
72204
Purpose of Expenditure
Salary Category/
Type
001
Name of Federal Candidate
Mr. Mark L Pryor
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 19 / 2014
Amount
40.00
Transaction ID : e6966f8b-d5ce-47f5-9
Date of Disbursement or Obligation
07 / 19 / 2014
Office Sought:
House District: 00
Senate State: AR
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 120.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00530766</span> </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 <b>Cory Bryson</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 25 / 2014</span> </div>
Mailing Address    216 Dogwood Ln	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">12.60</span> </div>
City                                  State                                  Zip Code Belmont                                  NC                                  28012	<b>Transaction ID : 7e1d5ef2-6bcc-4081-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 25 / 2014</span> </div>
Purpose of Expenditure Mileage                                  Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Ms. Kay Hagan
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">1095959.94</span> </div>	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Rodney O Culbreath</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 07 / 2014</span> </div>
Mailing Address    100 Asbury Ct	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">80.00</span> </div>
City                                  State                                  Zip Code Winchester                                  VA                                  22602	<b>Transaction ID : 09510692-ea7a-4996-9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 07 / 2014</span> </div>
Purpose of Expenditure Salary                                  Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Ms. Kay Hagan
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">1095959.94</span> </div>	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">92.60</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </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*                                  **[Electronically Filed]**                                  Date 05 / 14 / 2015

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 O Culbreath
Mailing Address
100 Asbury Ct
City
Winchester State
VA Zip Code
22602
Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
80.00
Transaction ID : 677e7335-5f3c-4aa0-9
Date of Disbursement or Obligation
07 / 10 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate District: 00 State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Rodney O Culbreath
Mailing Address
100 Asbury Ct
City
Winchester State
VA Zip Code
22602
Date of Public Distribution/Dissemination
07 / 11 / 2014
Amount
80.00
Transaction ID : aedc4130-b7ab-4b26-a
Date of Disbursement or Obligation
07 / 11 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate District: 00 State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 160.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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 O Culbreath
Mailing Address
100 Asbury Ct
City
Winchester State
VA Zip Code
22602
Purpose of Expenditure
Salary Category/
Type 001
Date of Public Distribution/Dissemination
07 / 16 / 2014
Amount
80.00
Transaction ID : d6d7b023-1f50-4ed8-b
Date of Disbursement or Obligation
07 / 16 / 2014
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose Office Sought:
House District: 00
President Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Rodney O Culbreath
Mailing Address
100 Asbury Ct
City
Winchester State
VA Zip Code
22602
Purpose of Expenditure
Salary Category/
Type 001
Date of Public Distribution/Dissemination
07 / 17 / 2014
Amount
80.00
Transaction ID : 05f0677d-4c9a-4cfc-8
Date of Disbursement or Obligation
07 / 17 / 2014
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose Office Sought:
House District: 00
President Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 160.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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 O Culbreath
Mailing Address
100 Asbury Ct
City
Winchester State
VA Zip Code
22602
Purpose of Expenditure
Salary Category/
Type 001
Date of Public Distribution/Dissemination
07 / 18 / 2014
Amount
80.00
Transaction ID : 7da6f1c6-f50a-4fe5-b
Date of Disbursement or Obligation
07 / 18 / 2014
Name of Federal Candidate
Ms. Kay Hagan
Office Sought:
House District: 00
Senate State: NC
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
Purpose of Expenditure
Salary Category/
Type 001
Date of Public Distribution/Dissemination
07 / 19 / 2014
Amount
60.00
Transaction ID : 3d463fee-ae3c-4a3c-8
Date of Disbursement or Obligation
07 / 19 / 2014
Name of Federal Candidate
Ms. Kay Hagan
Office Sought:
House District: 00
Senate State: NC
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 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Rodney O Culbreath</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 21 / 2014</b>
Mailing Address 100 Asbury Ct	Amount <b>60.00</b>
City State Zip Code Winchester VA 22602	
Purpose of Expenditure Salary	Category/Type <b>001</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Rodney O Culbreath</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 22 / 2014</b>
Mailing Address 100 Asbury Ct	Amount <b>70.00</b>
City State Zip Code Winchester VA 22602	
Purpose of Expenditure Salary	Category/Type <b>001</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>130.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> 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 <b>Rodney O Culbreath</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em;">07 / 23 / 2014</span> </div>						
Mailing Address    100 Asbury Ct	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">60.00</span> </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>Winchester</td> <td>VA</td> <td>22602</td> </tr> </table>	City	State	Zip Code	Winchester	VA	22602	<b>Transaction ID : 7b2e0245-3072-418d-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em;">07 / 23 / 2014</span> </div>
City	State	Zip Code					
Winchester	VA	22602					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> <span style="font-size: 1.2em;">001</span> </div>						
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">1095959.94</span> </div>						
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____							

Full Name of Payee <b>Rodney D Culbreth</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em;">07 / 07 / 2014</span> </div>						
Mailing Address    100 Asbury CT 3200 Dam Neck Rd	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">60.00</span> </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>Winchester</td> <td>VA</td> <td>22602</td> </tr> </table>	City	State	Zip Code	Winchester	VA	22602	<b>Transaction ID : 08f7eaac-f5d6-4b66-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em;">07 / 07 / 2014</span> </div>
City	State	Zip Code					
Winchester	VA	22602					
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> <span style="font-size: 1.2em;">001</span> </div>						
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">1095959.94</span> </div>						
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____							

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;">120.00</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em;"> </span> </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  
05 / 14 / 2015

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: 07/08/2014
Amount: 60.00
Transaction ID: 4492edfe-334d-48a5-a
Purpose of Expenditure: Salary, Category/Type: 001
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: General 2014

Full Name of Payee: Rodney D Culbreth
Mailing Address: 100 Asbury CT, 3200 Dam Neck Rd, Winchester VA 22602
Date of Public Distribution/Dissemination: 07/09/2014
Amount: 60.00
Transaction ID: 30c7a7c5-55b5-48cf-a
Purpose of Expenditure: Salary, Category/Type: 001
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
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: 05/14/2015

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
Purpose of Expenditure: Salary
Category/Type: 001
Date of Public Distribution/Dissemination: 07/10/2014
Amount: 60.00
Transaction ID: 777a248f-939a-4609-8
Date of Disbursement or Obligation: 07/10/2014
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate
Disbursement For: General

Full Name of Payee: Rodney D Culbreth
Mailing Address: 100 Asbury CT, 3200 Dam Neck Rd, Winchester VA 22602
Purpose of Expenditure: Salary
Category/Type: 001
Date of Public Distribution/Dissemination: 07/11/2014
Amount: 60.00
Transaction ID: 7ff34660-d806-4980-9
Date of Disbursement or Obligation: 07/11/2014
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 120.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Signature: Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015

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
City Winchester State VA Zip Code 22602
Purpose of Expenditure
Salary Category/Type 001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination
07 / 14 / 2014
Amount
70.00
Transaction ID : 544f895f-0736-41b2-9
Date of Disbursement or Obligation
07 / 14 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General 2014
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. Kay Hagan Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination
07 / 15 / 2014
Amount
70.00
Transaction ID : ebc6940b-9a1b-4a0b-8
Date of Disbursement or Obligation
07 / 15 / 2014
Office Sought: House District: 00
President Senate State: NC
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

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Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Purpose of Expenditure: Salary
Category/Type: 001
Date of Public Distribution/Dissemination: 07/16/2014
Amount: 80.00
Transaction ID: cd5fcbcc-008e-4d9c-9
Date of Disbursement or Obligation: 07/16/2014
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate
Disbursement For: General

Full Name of Payee: Rodney D Culbreth
Mailing Address: 100 Asbury CT, 3200 Dam Neck Rd, Winchester VA 22602
Purpose of Expenditure: Salary
Category/Type: 001
Date of Public Distribution/Dissemination: 07/17/2014
Amount: 80.00
Transaction ID: 8f809f14-7bf7-442a-a
Date of Disbursement or Obligation: 07/17/2014
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 160.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015

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
City
Winchester State
VA Zip Code
22602
Date of Public Distribution/Dissemination
07 / 18 / 2014
Amount
80.00
Transaction ID : 99201ecb-e9ee-45fe-a
Date of Disbursement or Obligation
07 / 18 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought
1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Rze Culbreath
Mailing Address
100 Asbury Ct
City
Winchester State
VA Zip Code
22602
Date of Public Distribution/Dissemination
07 / 14 / 2014
Amount
70.00
Transaction ID : c1dd0bc7-fbdd-4341-a
Date of Disbursement or Obligation
07 / 14 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought
1095959.94
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 150.00
(b) SUBTOTAL of Unitemized Independent Expenditures
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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
Rze Culbreath
Mailing Address
100 Asbury Ct
City
Winchester State
VA Zip Code
22602
Date of Public Distribution/Dissemination
07 / 17 / 2014
Amount
80.00
Transaction ID : af19f9b4-c113-4e7e-a
Date of Disbursement or Obligation
07 / 17 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate District: 00 State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Rze Culbreath
Mailing Address
100 Asbury Ct
City
Winchester State
VA Zip Code
22602
Date of Public Distribution/Dissemination
07 / 18 / 2014
Amount
50.00
Transaction ID : 7f8158e6-8f64-48b7-8
Date of Disbursement or Obligation
07 / 18 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate District: 00 State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

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FEC IDENTIFICATION NUMBER
C C00530766
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Full Name of Payee
Rze Culbreath
Mailing Address
100 Asbury Ct
City
Winchester State
VA Zip Code
22602
Date of Public Distribution/Dissemination
07 / 19 / 2014
Amount
60.00
Transaction ID : 9727ec22-83de-452c-8
Date of Disbursement or Obligation
07 / 19 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose Office Sought:
House District: 00
President Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Rze Culbreath
Mailing Address
100 Asbury Ct
City
Winchester State
VA Zip Code
22602
Date of Public Distribution/Dissemination
07 / 21 / 2014
Amount
60.00
Transaction ID : 6f8a8e92-fd93-4e78-9
Date of Disbursement or Obligation
07 / 21 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose Office Sought:
House District: 00
President Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 120.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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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
Rze Culbreath
Mailing Address
100 Asbury Ct
City
Winchester State
VA Zip Code
22602
Date of Public Distribution/Dissemination
07 / 22 / 2014
Amount
70.00
Transaction ID : 9a246bb3-2885-4d4e-b
Date of Disbursement or Obligation
07 / 22 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan
Office Sought:
House District: 00
Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Rze Culbreath
Mailing Address
100 Asbury Ct
City
Winchester State
VA Zip Code
22602
Date of Public Distribution/Dissemination
07 / 23 / 2014
Amount
60.00
Transaction ID : ebbd28ff-22f2-4f2c-a
Date of Disbursement or Obligation
07 / 23 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan
Office Sought:
House District: 00
Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 130.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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
Date of Public Distribution/Dissemination: 07/07/2014
Amount: 60.00
Transaction ID: aa572c6d-6fdb-4f53-b
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] General, 2014

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
Date of Public Distribution/Dissemination: 07/08/2014
Amount: 60.00
Transaction ID: f3eb9aca-8fa2-4c31-b
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] 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.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 09 / 2014
Amount
60.00
Transaction ID : 3767bf9e-8b5a-47e3-b
Date of Disbursement or Obligation
07 / 09 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

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. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 10 / 2014
Amount
60.00
Transaction ID : 442d19d7-67ad-4ca8-b
Date of Disbursement or Obligation
07 / 10 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 120.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Jon E Conner</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 11 / 2014</b>
Mailing Address 100 Asbury Ct	Amount <b>60.00</b>
City Winchester	State VA
Zip Code 22602	<b>Transaction ID : 694088e0-f420-4736-a</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 11 / 2014</b>
Category/Type <b>001</b>	
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jon E Conner</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 12 / 2014</b>
Mailing Address 100 Asbury Ct	Amount <b>30.00</b>
City Winchester	State VA
Zip Code 22602	<b>Transaction ID : 8881aa77-313d-4ce0-8</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 12 / 2014</b>
Category/Type <b>001</b>	
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>90.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      **[Electronically Filed]**      Date **05 / 14 / 2015**

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 0 2px;">C</span> 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 <b>Jon E Conner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 14 / 2014</b>	
Mailing Address 100 Asbury Ct		Amount <b>70.00</b>	
City Winchester	State VA	Zip Code 22602	<b>Transaction ID : 6b31b59b-4ec0-4f77-9</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 14 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Jon E Conner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 15 / 2014</b>	
Mailing Address 100 Asbury Ct		Amount <b>40.00</b>	
City Winchester	State VA	Zip Code 22602	<b>Transaction ID : 8cd1aeaa-8efe-43e0-9</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 15 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>110.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**



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
Date of Public Distribution/Dissemination: 07/16/2014
Amount: 70.00
Transaction ID: 671df3f5-8a5a-42c1-b
Date of Disbursement or Obligation: 07/16/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

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
Date of Public Distribution/Dissemination: 07/17/2014
Amount: 70.00
Transaction ID: 527ba90a-41d7-407a-8
Date of Disbursement or Obligation: 07/17/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] 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.

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 18 / 2014
Amount
50.00
Transaction ID : 44cb4212-298d-494d-9
Date of Disbursement or Obligation
07 / 18 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

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. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 19 / 2014
Amount
60.00
Transaction ID : 03418b13-1208-41db-a
Date of Disbursement or Obligation
07 / 19 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 110.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Jon E Conner</b>	Date of Public Distribution/Dissemination <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 23 / 2014</b>
Mailing Address 100 Asbury Ct	Amount <span style="float:right">60.00</span>
City Winchester	State VA
Zip Code 22602	<b>Transaction ID : 47601279-95bd-4199-8</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 23 / 2014</b>
Category/Type <span style="float:right">001</span>	Name of Federal Candidate Ms. Kay Hagan
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="float:right">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Casey Stockton</b>	Date of Public Distribution/Dissemination <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 25 / 2014</b>
Mailing Address 105 South Dale St	Amount <span style="float:right">30.00</span>
City Spruce Pine	State NC
Zip Code 28777	<b>Transaction ID : d2a202fa-9e4b-4d8f-9</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 25 / 2014</b>
Category/Type <span style="float:right">001</span>	Name of Federal Candidate Ms. Kay Hagan
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="float:right">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="float:right">90.00</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="float:right"></span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="float:right"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**



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
Anthony Pearson
Mailing Address
112 apache Dr
City
Search State
AR Zip Code
72149
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
85.00
Transaction ID : 7216ee14-ab8c-41d6-9
Date of Disbursement or Obligation
07 / 24 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought
292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Anthony Pearson
Mailing Address
112 apache Dr
City
Search State
AR Zip Code
72149
Purpose of Expenditure
Mileage Category/Type
002
Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
38.10
Transaction ID : 90fc6094-f874-4a6e-a
Date of Disbursement or Obligation
07 / 24 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought
292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 123.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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
Joanna Kindstedt
Mailing Address
2134 Tobaccoville Rd
City
Rural Hall State
NC Zip Code
27045
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
15.00
Transaction ID : 093eec67-3391-44b2-b
Date of Disbursement or Obligation
07 / 25 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Chris McCoy
Mailing Address
1025 Cayley Ct
City
High Point State
NC Zip Code
27260
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
55.00
Transaction ID : f0b0b8b0-44b7-4271-8
Date of Disbursement or Obligation
07 / 24 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 70.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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
Chris McCoy
Mailing Address
1025 Cayley Ct
City
High Point State
NC Zip Code
27260
Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
13.80
Transaction ID : 545f6f23-c9d5-4ac0-9
Date of Disbursement or Obligation
07 / 24 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose Office Sought:
House Senate State:
NC Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Nathan Smith
Mailing Address
1247 W Mt Comfort Rd
City
Fayetteville State
AR Zip Code
72703
Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
37.60
Transaction ID : 5981ee05-66f3-4d1b-a
Date of Disbursement or Obligation
07 / 24 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose Office Sought:
House Senate State:
AR Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 51.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date
05 / 14 / 2015
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
Nathan Smith
Mailing Address
1247 W Mt Comfort Rd
City
Fayetteville State
AR Zip Code
72703
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Office Sought: House Senate
Disbursement For: Primary General

Full Name of Payee
Danielle McCoy
Mailing Address
1025 Cayley Ct
City
High Point State
NC Zip Code
27260
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Office Sought: House Senate
Disbursement For: Primary General

(a) SUBTOTAL of Itemized Independent Expenditures..... 63.22
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Danielle McCoy
Mailing Address: 1025 Cayley Ct
City: High Point, State: NC, Zip Code: 27260
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 12.30
Transaction ID: 6575544f-1b48-4836-9
Date of Disbursement or Obligation: 07/24/2014
Name of Federal Candidate: Ms. Kay Hagan, Support/Oppose
Office Sought: Senate, State: NC
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 1095959.94

Full Name of Payee: Office Depot
Mailing Address: 401 North US HWY 190
City: Covington, State: LA, Zip Code: 70433
Purpose of Expenditure: Flyers, Category/Type: 006
Amount: 132.13
Transaction ID: 4cafae7e-fd94-4500-8
Date of Disbursement or Obligation: 07/25/2014
Name of Federal Candidate: Ms. Mary L Landrieu, Support/Oppose
Office Sought: Senate, State: LA
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 554635.78

(a) SUBTOTAL of Itemized Independent Expenditures: 144.43
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Serena A Jones</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 21 / 2014</b>
Mailing Address <b>7151 Mullins Drive</b>	Amount <b>100.00</b>
City <b>Saltville</b> State <b>VA</b> Zip Code <b>24370</b>	<b>Transaction ID : 7ec80b4d-96eb-45f5-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 21 / 2014</b>
Purpose of Expenditure <b>Salary</b> Category/Type <b>001</b>	Name of Federal Candidate <b>Ms. Kay Hagan</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Office Sought: <input type="checkbox"/> House      District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate      State: <b>NC</b>
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Serena A Jones</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 21 / 2014</b>
Mailing Address <b>7151 Mullins Drive</b>	Amount <b>30.60</b>
City <b>Saltville</b> State <b>VA</b> Zip Code <b>24370</b>	<b>Transaction ID : 880f16cf-f39e-4c54-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 21 / 2014</b>
Purpose of Expenditure <b>Mileage</b> Category/Type <b>002</b>	Name of Federal Candidate <b>Ms. Kay Hagan</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Office Sought: <input type="checkbox"/> House      District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate      State: <b>NC</b>
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>130.60</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date **05 / 14 / 2015**

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: Serena A Jones
Mailing Address: 7151 Mullins Drive
City: Saltville, State: VA, Zip Code: 24370
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/22/2014
Amount: 90.00
Transaction ID: 1cc2d98d-20e5-4b68-9
Date of Disbursement or Obligation: 07/22/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

Full Name of Payee: Serena A Jones
Mailing Address: 7151 Mullins Drive
City: Saltville, State: VA, Zip Code: 24370
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/22/2014
Amount: 23.70
Transaction ID: b4fd4585-683d-4dbc-a
Date of Disbursement or Obligation: 07/22/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 113.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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: Serena A Jones
Mailing Address: 7151 Mullins Drive
City: Saltville, State: VA, Zip Code: 24370
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 80.00
Transaction ID: 24c134a4-8a0a-47c1-a
Date of Disbursement or Obligation: 07/24/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

Full Name of Payee: Serena A Jones
Mailing Address: 7151 Mullins Drive
City: Saltville, State: VA, Zip Code: 24370
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 23.40
Transaction ID: 6c273f29-4b35-4cf2-b
Date of Disbursement or Obligation: 07/24/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 103.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Felice Barrett</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 25 / 2014
Mailing Address 1588 Asbury	Amount <span style="border: 1px solid black; padding: 2px;">99999999</span> 55.00
City Springdale State AR Zip Code 72762	<b>Transaction ID : eaff289a-964e-4bb5-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 25 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Mr. Mark L Pryor <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: AR
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">99999999</span> 292370.62	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Steven Best</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 25 / 2014
Mailing Address 103 Washington Ave	Amount <span style="border: 1px solid black; padding: 2px;">99999999</span> 40.00
City Newport State NC Zip Code 28570	<b>Transaction ID : 0de1bc14-79bf-410f-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 25 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Kay Hagan <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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">99999999</span> 1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">99999999</span> 95.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;">99999999</span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">99999999</span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

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
Steven Best
Mailing Address
103 Washington Ave
City
Newport State
NC Zip Code
28570
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
4.38
Transaction ID : 90fb51b0-3053-44a9-b
Date of Disbursement or Obligation
07 / 25 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Virginia M Stevens
Mailing Address
1691 Fork Mtn Rd
City
Bakersville State
NC Zip Code
28705
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
50.00
Transaction ID : f95cf447-974b-48d6-a
Date of Disbursement or Obligation
07 / 25 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 54.38
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Virginia M Stevens
Mailing Address
1691 Fork Mtn Rd
City
Bakersville State
NC Zip Code
28705
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
21.90
Transaction ID : 78cf2599-b7e1-4c24-9
Date of Disbursement or Obligation
07 / 25 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Malinda Ledford
Mailing Address
44 Bell Street Ext
City
Spruce Pine State
NC Zip Code
28777
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
50.00
Transaction ID : e52472bf-545d-421a-8
Date of Disbursement or Obligation
07 / 25 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 71.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Malinda Ledford</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 25 / 2014</b>	
Mailing Address 44 Bell Street Ext		Amount <b>21.90</b>	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : <b>ceec93c6-7e2d-4382-9</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 25 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Allie Butler</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 25 / 2014</b>	
Mailing Address 1676 Shady Creek Rd		Amount <b>40.00</b>	
City Ayden	State NC	Zip Code 28513	Transaction ID : <b>a9466212-d658-404c-b</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 25 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>61.90</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date **05 / 14 / 2015**

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
Allie Butler
Mailing Address
1676 Shady Creek Rd
City
Ayden State
NC Zip Code
28513
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
3.15
Transaction ID : 9b79be9d-675a-4cef-b
Date of Disbursement or Obligation
07 / 25 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
John Voholetz
Mailing Address
718 N MacMillan Avenue
City
Wilmington State
NC Zip Code
28803
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
35.00
Transaction ID : 80b81efe-9c25-4028-a
Date of Disbursement or Obligation
07 / 25 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 38.15
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
John Voholetz
Mailing Address
718 N MacMillan Avenue
City
Wilmington State
NC Zip Code
28803
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
4.50
Transaction ID : 302b22f1-62de-465b-8
Date of Disbursement or Obligation
07 / 25 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Jennie Butler
Mailing Address
1676 Shady Creek Rd
City
Ayden State
NC Zip Code
28513
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
20.00
Transaction ID : 8d405911-1c1c-4414-a
Date of Disbursement or Obligation
07 / 25 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 24.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Jennie Butler
Mailing Address: 1676 Shady Creek Rd
City: Ayden, State: NC, Zip Code: 28513
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/25/2014
Amount: 8.85
Transaction ID: e460f8c3-bbfe-49ae-b
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Emily Butler
Mailing Address: 1676 Shady Creek Rd
City: Ayden, State: NC, Zip Code: 28513
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/25/2014
Amount: 42.50
Transaction ID: 9b2d3362-91f8-4e6f-8
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 51.35
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Emily Butler
Mailing Address
1676 Shady Creek Rd
City
Ayden State
NC Zip Code
28513
Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
3.15
Transaction ID : 6224023b-ef86-45ac-9
Date of Disbursement or Obligation
07 / 25 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Solveig Lysne
Mailing Address
7121 Oyster Lane
City
Wilmington State
NC Zip Code
28411
Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
50.00
Transaction ID : 9154aa86-aaa8-4e02-8
Date of Disbursement or Obligation
07 / 25 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 53.15
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Solveig Lysne
Mailing Address: 7121 Oyster Lane
City: Wilmington, State: NC, Zip Code: 28411
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/25/2014
Amount: 5.76
Transaction ID: f43b83aa-c2ff-4f2c-9
Date of Disbursement or Obligation: 07/25/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

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
Date of Public Distribution/Dissemination: 07/25/2014
Amount: 30.00
Transaction ID: dc2a8857-d869-4cab-b
Date of Disbursement or Obligation: 07/25/2014
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: 554635.78
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 35.76
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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
07 / 25 / 2014
Amount
8.40
Transaction ID : cac03450-f4a2-47d0-a
Date of Disbursement or Obligation
07 / 25 / 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
554635.78
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Barbra L Landry
Mailing Address
2992 Wright Ave
City
Fayetteville State
AR Zip Code
72704
Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
55.00
Transaction ID : 0f0e073e-8cb0-424b-9
Date of Disbursement or Obligation
07 / 25 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 63.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Barbra L Landry</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 25 / 2014</b>
Mailing Address 2992 Wright Ave	Amount <b>15.30</b>
City State Zip Code <b>Fayetteville AR 72704</b>	Transaction ID : <b>8648c51a-a8da-4ab5-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 25 / 2014</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>
Name of Federal Candidate <b>Mr. Mark L Pryor</b>	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Carmen Maddrey</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 25 / 2014</b>
Mailing Address 2043 Nottingham Ln	Amount <b>70.00</b>
City State Zip Code <b>Burlington NC 27215</b>	Transaction ID : <b>1d001782-c102-4573-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 25 / 2014</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>85.30</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Carmen Maddrey</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 25 / 2014</b>
Mailing Address 2043 Nottingham Ln		Amount <b>2.70</b>
City Burlington	State NC	Zip Code 27215
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : <b>4980ddd4-a986-4a09-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 25 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Barbara E Spritz</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 25 / 2014</b>
Mailing Address 3346 Durham St Ext		Amount <b>70.00</b>
City Burlington	State NC	Zip Code 27217
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : <b>1b6a8cbc-4227-4a51-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 25 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>72.70</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date **05 / 14 / 2015**

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
Barbara E Spritz
Mailing Address
3346 Durham St Ext
City
Burlington State
NC Zip Code
27217
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
1.80
Transaction ID : 71af729c-5ef5-44ad-b
Date of Disbursement or Obligation
07 / 25 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Lily Green
Mailing Address
205 Medallion Circle
City
Shreveport State
LA Zip Code
71119
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
40.00
Transaction ID : 7966f65b-8bc6-464c-b
Date of Disbursement or Obligation
07 / 25 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 41.80
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Lily Green
Mailing Address: 205 Medallion Circle
City: Shreveport, State: LA, Zip Code: 71119
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 18.00
Transaction ID: 08fc35fc-dd1a-4123-8
Date of Disbursement or Obligation: 07/25/2014
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: 554635.78

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
Amount: 45.00
Transaction ID: a12a3a74-1e79-41c5-8
Date of Disbursement or Obligation: 07/02/2014
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: 554635.78

(a) SUBTOTAL of Itemized Independent Expenditures: 63.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Antoinette Franklin</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 03 / 2014</b>	
Mailing Address 8822 Apple St		Amount <b>50.00</b>	
City New Orleans	State LA	Zip Code 70188	<b>Transaction ID : 8939e3c9-102e-438f-9</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 <b>07 / 03 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Antoinette Franklin</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 07 / 2014</b>	
Mailing Address 8822 Apple St		Amount <b>40.00</b>	
City New Orleans	State LA	Zip Code 70188	<b>Transaction ID : 27679a67-7179-40ad-9</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 <b>07 / 07 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>90.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**



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
Trent C Oelschlaeger
Mailing Address
18710 Strawberry Plant Road
City
Fayetteville State
AR Zip Code
72704
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
11.40
Transaction ID : 3300a7af-c8f4-4cd2-a
Date of Disbursement or Obligation
07 / 25 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Tylan S Green
Mailing Address
2320 Saint Nick Dr
City
New Orleans State
LA Zip Code
70131
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
150.00
Transaction ID : a2f2fc98-6707-40b9-b
Date of Disbursement or Obligation
07 / 25 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 161.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Tylan S Green
Mailing Address: 2320 Saint Nick Dr
City: New Orleans, State: LA, Zip Code: 70131
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 6.00
Transaction ID: 8323ee2e-73d8-433e-9
Date of Disbursement or Obligation: 07/25/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

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
Amount: 55.00
Transaction ID: 975393a5-2224-420e-a
Date of Disbursement or Obligation: 07/25/2014
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, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 61.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015



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
Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
80.00
Transaction ID : 18800b5a-a050-47a5-8
Date of Disbursement or Obligation
07 / 25 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought
1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Mr. Alex Peyton
Mailing Address
859 Hicks Rd
City
Washington State
LA Zip Code
70589
Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
50.00
Transaction ID : aa745e09-a9c1-4fd2-a
Date of Disbursement or Obligation
07 / 25 / 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
554635.78
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 130.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Steven Jean
Mailing Address: 2012 Harrison Ave
City: Winston Salem, State: NC, Zip Code: 27105
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 13.50
Transaction ID: 3586ffd4-5ad7-4154-9
Date of Disbursement or Obligation: 07/25/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Larry Freeman
Mailing Address: 11214 Mesa drive
City: Little rock, State: AR, Zip Code: 72211
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 50.00
Transaction ID: 27dec01a-4ffa-46f9-9
Date of Disbursement or Obligation: 07/25/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 63.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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
OBrian Price
Mailing Address
2400 Covenant Cove
City
Little Rock State
AR Zip Code
72204
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
50.00
Transaction ID : 7c142abc-2b1b-4887-8
Date of Disbursement or Obligation
07 / 25 / 2014
Office Sought:
House District: 00
Senate State: AR
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
OBrian Price
Mailing Address
2400 Covenant Cove
City
Little Rock State
AR Zip Code
72204
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
12.00
Transaction ID : df09be8f-b606-4624-b
Date of Disbursement or Obligation
07 / 25 / 2014
Office Sought:
House District: 00
Senate State: AR
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 62.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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: Barbara A Williams
Mailing Address: 3002 Darden Rd Apt A
City: Greensboro State: NC Zip Code: 27407
Purpose of Expenditure: Salary Category/Type: 001
Date of Public Distribution/Dissemination: 07/25/2014
Amount: 105.00
Transaction ID: ba366b3f-37a6-4f5d-9
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate State: NC
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 1095959.94

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: 07/25/2014
Amount: 45.00
Transaction ID: 2a02bc0c-4c4b-406b-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: 554635.78

(a) SUBTOTAL of Itemized Independent Expenditures: 150.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Christopher Marquess</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 25 / 2014</b>	
Mailing Address 110 W Pecan St		Amount <b>33.00</b>	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : <b>a44ea14e-f268-4db7-b</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 25 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Robin L Bennett</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 25 / 2014</b>	
Mailing Address 3505 Beaumont St Apt 13D		Amount <b>35.00</b>	
City Neosho	State MO	Zip Code 64850	Transaction ID : <b>4557a55a-51d3-4a98-9</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 25 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>68.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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 <b>05 / 14 / 2015</b>
---

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: Robin L Bennett
Mailing Address: 3505 Beaumont St, Apt 13D, Neosho, MO 64850
Purpose of Expenditure: Mileage
Category/Type: 002
Date of Public Distribution/Dissemination: 07/25/2014
Amount: 48.00
Transaction ID: 9e7df6a2-003b-40d9-a
Name of Federal Candidate: Mr. Mark L Pryor
Office Sought: Senate, State: AR
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 292370.62

Full Name of Payee: Warren Gravois
Mailing Address: 16005 7th St, Pearlinton, MS 39572
Purpose of Expenditure: Salary
Category/Type: 001
Date of Public Distribution/Dissemination: 07/25/2014
Amount: 30.00
Transaction ID: 4959e77a-d64f-4e4e-a
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: 554635.78

(a) SUBTOTAL of Itemized Independent Expenditures: 78.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 0 2px;">C</span> 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		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>

Full Name of Payee <b>Warren Gravois</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <b>07 / 25 / 2014</b>	
Mailing Address 16005 7th St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1.20</div>	
City Pearlington	State MS	Zip Code 39572	<b>Transaction ID : c6eeb9c1-b34c-47b3-b</b>
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <b>07 / 25 / 2014</b>	
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;">554635.78</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Brennan McAndrews</b>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <b>07 / 25 / 2014</b>	
Mailing Address 44188 South Baptist RD		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10.00</div>	
City Hammond	State LA	Zip Code 70403	<b>Transaction ID : 3c685537-ddad-4a12-9</b>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <b>07 / 25 / 2014</b>	
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;">554635.78</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>11.20</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

**05 / 14 / 2015**



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: Brennan McAndrews
Mailing Address: 44188 South Baptist RD
City: Hammond State: LA Zip Code: 70403
Purpose of Expenditure: Mileage Category/Type: 002
Date of Public Distribution/Dissemination: 07/25/2014
Amount: 3.00
Transaction ID: 4e703e04-8616-4d3a-b
Date of Disbursement or Obligation: 07/25/2014
Name of Federal Candidate: Ms. Mary L Landriau
Office Sought: Senate State: LA
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 554635.78

Full Name of Payee: Carey T Henderson
Mailing Address: 1025 Inverness Rd
City: Suthern Pines State: NC Zip Code: 28387
Purpose of Expenditure: Salary Category/Type: 001
Date of Public Distribution/Dissemination: 07/25/2014
Amount: 90.00
Transaction ID: df9128c1-a65f-4392-b
Date of Disbursement or Obligation: 07/25/2014
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate State: NC
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 1095959.94

(a) SUBTOTAL of Itemized Independent Expenditures: 93.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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: Carey T Henderson
Mailing Address: 1025 Inverness Rd
City: Suthern Pines, State: NC, Zip Code: 28387
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/25/2014
Amount: 10.80
Transaction ID: ba02c6a5-165a-40d1-9
Date of Disbursement or Obligation: 07/25/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

Full Name of Payee: Petrina Williams
Mailing Address: 3007 Darden Rd
City: Greensboro, State: NC, Zip Code: 27407
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/25/2014
Amount: 110.00
Transaction ID: 346a9ae4-2184-4e40-8
Date of Disbursement or Obligation: 07/25/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 120.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Petrina Williams
Mailing Address: 3007 Darden Rd
City: Greensboro, State: NC, Zip Code: 27407
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/25/2014
Amount: 27.00
Transaction ID: 1f3192e3-0e8d-4d60-a
Date of Disbursement or Obligation: 07/25/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

Full Name of Payee: Sherri Zerbel
Mailing Address: 804 Mary Ave
City: Neasho, State: MO, Zip Code: 64850
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/25/2014
Amount: 75.00
Transaction ID: f4132a5e-657e-45bf-a
Date of Disbursement or Obligation: 07/25/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 102.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Sherri Zerbel</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 25 / 2014
Mailing Address 804 Mary Ave	Amount <span style="border: 1px solid black; padding: 2px;">20.40</span>
City Neasho	State MO
Zip Code 64850	<b>Transaction ID : e213d569-9cbb-4495-a</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 25 / 2014
Category/Type 002	Name of Federal Candidate Mr. Mark L Pryor
<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: AR
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Nathan D Wirebaugh</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 25 / 2014
Mailing Address 7320 Red Maple Dr	Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>
City Holland	State OH
Zip Code 43528	<b>Transaction ID : 51ac4e52-a64a-46ed-a</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 25 / 2014
Category/Type 001	Name of Federal Candidate Ms. Kay Hagan
<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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">50.40</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

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: Kenny Wallis
Mailing Address: 6412 Osage Dr
City: North Little rock, State: AR, Zip Code: 72116
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/25/2014
Amount: 30.00
Transaction ID: 9e362dc4-bc30-44d0-a
Name of Federal Candidate: Mr. Mark L Pryor, Office Sought: Senate, State: AR
Disbursement For: General

Full Name of Payee: Kenny Wallis
Mailing Address: 6412 Osage Dr
City: North Little rock, State: AR, Zip Code: 72116
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/25/2014
Amount: 6.36
Transaction ID: 15c249d6-0ee0-4904-a
Name of Federal Candidate: Mr. Mark L Pryor, Office Sought: Senate, State: AR
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 36.36
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015

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: Lisa Booth
Mailing Address: 1434 South Avenue
City: Eden, State: NC, Zip Code: 27288
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/25/2014
Amount: 90.00
Transaction ID: a085eb6a-ef15-4329-b
Date of Disbursement or Obligation: 07/25/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

Full Name of Payee: Lisa Booth
Mailing Address: 1434 South Avenue
City: Eden, State: NC, Zip Code: 27288
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/25/2014
Amount: 12.30
Transaction ID: c832a099-8be5-48b8-8
Date of Disbursement or Obligation: 07/25/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 102.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> 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 <b>Bradley K Kissinger</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 25 / 2014</b>	
Mailing Address 3113 Imperial Valley Dr.		Amount <b>55.00</b>	
City Little Rock	State AR	Zip Code 72212	<b>Transaction ID : 97d71947-56c5-4fa6-8</b>
Purpose of Expenditure Salary	Category/ Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 25 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<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>AR</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) ▶	

292370.62

Full Name of Payee <b>Bradley K Kissinger</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 25 / 2014</b>	
Mailing Address 3113 Imperial Valley Dr.		Amount <b>9.30</b>	
City Little Rock	State AR	Zip Code 72212	<b>Transaction ID : b846f3e5-8816-4154-8</b>
Purpose of Expenditure Mileage	Category/ Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 25 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<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>AR</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) ▶	

292370.62

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>64.30</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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
07 / 25 / 2014
Amount
40.00
Transaction ID : 0e81ea8b-7b02-4f63-a
Date of Disbursement or Obligation
07 / 25 / 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
554635.78
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
07 / 25 / 2014
Amount
2.70
Transaction ID : 780f461a-be90-4751-a
Date of Disbursement or Obligation
07 / 25 / 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
554635.78
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 42.70
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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
Tarrin Lesaicherre
Mailing Address
629 Radiance Ave
City
Metairie State
LA Zip Code
70001
Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
40.00
Transaction ID : c99bc777-1c78-4374-a
Date of Disbursement or Obligation
07 / 25 / 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
554635.78
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Tarrin Lesaicherre
Mailing Address
629 Radiance Ave
City
Metairie State
LA Zip Code
70001
Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
2.70
Transaction ID : b71c91b1-b066-490c-a
Date of Disbursement or Obligation
07 / 25 / 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
554635.78
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 42.70
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan

[Electronically Filed]

Date 05 / 14 / 2015

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
Joseph P Thierfelder
Previously filed under the name Pthierfelder
Mailing Address 2411 Armstrong
City Gastonia State NC Zip Code 28054
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination 07/25/2014
Amount 95.00
Transaction ID : faf0ca95-8f14-483c-b
Date of Disbursement or Obligation 07/25/2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Joseph P Thierfelder
Previously filed under the name Pthierfelder
Mailing Address 2411 Armstrong
City Gastonia State NC Zip Code 28054
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination 07/25/2014
Amount 19.50
Transaction ID : e55dfe7c-237e-4efb-9
Date of Disbursement or Obligation 07/25/2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 114.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Mr. Roger McKinney
Mailing Address: 308 West Main Street
City: Pilot Mountain, State: NC, Zip Code: 27041
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/25/2014
Amount: 110.00
Transaction ID: 169d04c7-b42b-43bd-9
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Mr. Roger McKinney
Mailing Address: 308 West Main Street
City: Pilot Mountain, State: NC, Zip Code: 27041
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/25/2014
Amount: 16.92
Transaction ID: 0f098968-90c6-4c09-b
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 126.92
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Glenda McKinney</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 25 / 2014
Mailing Address 308 West Main Street	Amount <span style="border: 1px solid black; padding: 2px;">110.00</span>
City Plot Mountain State NC Zip Code 27041	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Kay Hagan	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Vonniqua Jackson</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 25 / 2014
Mailing Address 111 Westchester Blvd Apt D4	Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>
City Slidell State LA Zip Code 70458	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">150.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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 05 / 14 / 2015

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
Vonniqua Jackson
Mailing Address
111 Westchester Blvd
Apt D4
City
Slidell State
LA Zip Code
70458
Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
1.50
Transaction ID : b10e1ea6-0a14-4abc-a
Date of Disbursement or Obligation
07 / 25 / 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
Jeanne Tribou
Mailing Address
22369 Ponderosa Dr.
City
Mandeville State
LA Zip Code
70471
Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
45.00
Transaction ID : e21eb381-6c3f-4285-9
Date of Disbursement or Obligation
07 / 25 / 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 46.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: 07/25/2014
Amount: 3.90
Transaction ID: 5608a86b-658a-43ee-9
Date of Disbursement or Obligation: 07/25/2014
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: 554635.78

Full Name of Payee: Rebecca A Calvert
Mailing Address: 20116 Medus St
City: Covington, State: LA, Zip Code: 70435
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/25/2014
Amount: 5.00
Transaction ID: 55cbc7cf-05a5-4538-a
Date of Disbursement or Obligation: 07/25/2014
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: 554635.78

(a) SUBTOTAL of Itemized Independent Expenditures: 8.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Rebecca A Calvert</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 25 / 2014
Mailing Address 20116 Medus St	Amount <span style="border: 1px solid black; padding: 2px;">3.03</span>
City State Zip Code Covington LA 70435	<b>Transaction ID : e5c6627e-83a8-4226-a</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 25 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Lesley Lennox</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 25 / 2014
Mailing Address 2305 Cleary Ave	Amount <span style="border: 1px solid black; padding: 2px;">22.50</span>
City State Zip Code Metairie LA 70001	<b>Transaction ID : 2c083ad5-2b71-4bbb-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 25 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">25.53</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015



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
Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
2.70
Transaction ID : f07574c2-f5b8-4916-b
Date of Disbursement or Obligation
07 / 25 / 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
554635.78
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Diane Smith
Mailing Address
4006 Wolkswalk Place
City
Raleigh State
NC Zip Code
27610
Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
30.00
Transaction ID : 40429b80-439e-4ad1-a
Date of Disbursement or Obligation
07 / 25 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 32.70
(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 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Diane Smith</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 25 / 2014
Mailing Address 4006 Wolkswalk Place	Amount <span style="border: 1px solid black; padding: 2px;">9 9 9 9 9 9 9 9 9 9</span> 6.90
City State Zip Code Raleigh NC 27610	<b>Transaction ID : 6b745162-6481-45ba-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 25 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">0 0 2</span>
Name of Federal Candidate Ms. Kay Hagan	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">9 9 9 9 9 9 9 9 9 9</span> 1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Anthony Pearson</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 25 / 2014
Mailing Address 112 apache Dr	Amount <span style="border: 1px solid black; padding: 2px;">9 9 9 9 9 9 9 9 9 9</span> 75.00
City State Zip Code Search AR 72149	<b>Transaction ID : 06c1ea87-46a8-44b5-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 25 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">0 0 1</span>
Name of Federal Candidate Mr. Mark L Pryor	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">9 9 9 9 9 9 9 9 9 9</span> 292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">9 9 9 9 9 9 9 9 9 9</span> 81.90
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;">9 9 9 9 9 9 9 9 9 9</span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">9 9 9 9 9 9 9 9 9 9</span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

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
Anthony Pearson
Mailing Address
112 apache Dr
City
Search State
AR Zip Code
72149
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
36.00
Transaction ID : ac2ceaed-973b-4cbe-8
Date of Disbursement or Obligation
07 / 25 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Benjamin Hernandez
Mailing Address
915 E Market Ave
City
Searcy State
AR Zip Code
72149
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
75.00
Transaction ID : 71229281-04fb-4995-9
Date of Disbursement or Obligation
07 / 25 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 111.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Benjamin Hernandez</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 25 / 2014</b>
Mailing Address 915 E Market Ave		Amount <b>36.00</b>
City Searcy	State AR	Zip Code 72149
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 25 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Cassidy Quartararo</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 25 / 2014</b>
Mailing Address 632 Cameron Court		Amount <b>85.00</b>
City Kenner	State LA	Zip Code 70065
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 25 / 2014</b>
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 <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>121.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date **05 / 14 / 2015**

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
Cassidy Quartararo
Mailing Address
632 Cameron Court
City
Kenner State
LA Zip Code
70065
Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
10.98
Transaction ID : b42a0702-47a9-4098-a
Date of Disbursement or Obligation
07 / 25 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Andrea L Hammond
Mailing Address
12920 Kneeland Ln
City
Neosho State
MO Zip Code
64850
Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
35.00
Transaction ID : 01805045-a565-4116-9
Date of Disbursement or Obligation
07 / 25 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 45.98
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <b>Earl Stewart</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 25 / 2014</b>
Mailing Address 9455 Snow Camp Road	Amount <b>95.00</b>
City Snowcamp	State NC
Zip Code 27349	Transaction ID : <b>b52eac22-aa86-4d1f-8</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 25 / 2014</b>
Category/Type <b>001</b>	
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Timothy Foley</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 25 / 2014</b>
Mailing Address 20679 Glenbrook Terrace	Amount <b>65.00</b>
City Sterling	State VA
Zip Code 20165	Transaction ID : <b>cc7fe05d-b1d5-43ee-a</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 25 / 2014</b>
Category/Type <b>001</b>	
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>160.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Phillip Williams</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 25 / 2014
Mailing Address 3007 Darden Rd	Amount <span style="border: 1px solid black; padding: 2px;">999.99</span> 52.50
City Greensboro State NC Zip Code 27407	<b>Transaction ID : 9628f856-9aa6-4edd-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 25 / 2014
Purpose of Expenditure Salary Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan <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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">999.99</span> 1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Phillip Williams</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 25 / 2014
Mailing Address 3007 Darden Rd	Amount <span style="border: 1px solid black; padding: 2px;">999.99</span> 16.80
City Greensboro State NC Zip Code 27407	<b>Transaction ID : 52ea5d58-1c8e-499b-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 25 / 2014
Purpose of Expenditure Mileage Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan <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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">999.99</span> 1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">999.99</span> 69.30
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;">999.99</span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">999.99</span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

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
Beverly Williams
Mailing Address
3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/25/2014
Amount 52.50
Transaction ID : 8ee48a90-bc04-4a01-9
Date of Disbursement or Obligation 07/25/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Sarinda S Dudley
Mailing Address
4367 Splitlog Rd
City Goodman State MO Zip Code 64843
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/25/2014
Amount 20.00
Transaction ID : 0900a74c-57ea-4b90-a
Date of Disbursement or Obligation 07/25/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
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 05/14/2015
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: Sarinda S Dudley
Mailing Address: 4367 Splitlog Rd
City: Goodman, State: MO, Zip Code: 64843
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/25/2014
Amount: 24.90
Transaction ID: 6b150253-3b2a-4612-a
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: House [ ], Senate [X], District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: Primary [ ], General [X], Other [ ]

Full Name of Payee: Alexa S Dudley
Mailing Address: 4367 Splitlog Rd
City: Goodman, State: MO, Zip Code: 64843
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/25/2014
Amount: 40.00
Transaction ID: 2dfc263e-0cdb-4840-b
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: House [ ], Senate [X], District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: Primary [ ], General [X], Other [ ]

(a) SUBTOTAL of Itemized Independent Expenditures: 64.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Ms. Emily Buchanan
Date: 05/14/2015
[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
Amelia Brackett
Mailing Address
804 Roundabout Circle
City
Searcy State
AR Zip Code
72143
Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
60.00
Transaction ID : 4ebd454d-41d7-4979-9
Date of Disbursement or Obligation
07 / 25 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Amelia Brackett
Mailing Address
804 Roundabout Circle
City
Searcy State
AR Zip Code
72143
Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
78.00
Transaction ID : bc4c6c3c-4ee3-4e64-b
Date of Disbursement or Obligation
07 / 25 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 138.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Serena A Jones
Mailing Address: 7151 Mullins Drive
City: Saltville, State: VA, Zip Code: 24370
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 50.00
Transaction ID: 7e7f8489-0014-4748-9
Date of Disbursement or Obligation: 07/25/2014
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: General 2014

Full Name of Payee: Serena A Jones
Mailing Address: 7151 Mullins Drive
City: Saltville, State: VA, Zip Code: 24370
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 22.50
Transaction ID: 9f9a06ef-e808-44e6-b
Date of Disbursement or Obligation: 07/25/2014
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: General 2014

(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 05/14/2015
Signature

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Christine Stevens</b>		Date of Public Distribution/Dissemination 07 / 25 / 2014
Mailing Address 100 Asbury Ct		Amount 60.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : d63e601e-9a8c-4ba9-b Date of Disbursement or Obligation 07 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jon E Conner</b>		Date of Public Distribution/Dissemination 07 / 25 / 2014
Mailing Address 100 Asbury Ct		Amount 50.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 4cf3b598-8641-4153-8 Date of Disbursement or Obligation 07 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	110.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 05 / 14 / 2015

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
Najib Mahmud
Mailing Address
3432 Riverrock Ct
City
Baton Rouge State
LA Zip Code
70820
Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
50.00
Transaction ID : 8c619b4b-8cdd-4da2-8
Date of Disbursement or Obligation
07 / 25 / 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
554635.78
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Najib Mahmud
Mailing Address
3432 Riverrock Ct
City
Baton Rouge State
LA Zip Code
70820
Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
3.30
Transaction ID : 2c4553a8-0bf1-469b-a
Date of Disbursement or Obligation
07 / 25 / 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
554635.78
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 53.30
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Rodney D Culbreth</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 25 / 2014</b>
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount <b>60.00</b>
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : <b>30b7f21f-193f-4633-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 25 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Rze Culbreath</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 25 / 2014</b>
Mailing Address 100 Asbury Ct		Amount <b>60.00</b>
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : <b>7fb9300e-5490-49d6-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 25 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>120.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER <b>C C00530766</b>
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 <b>Charity Zerbel</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014
Mailing Address    804 Mary Ave	Amount 75.00
City    State    Zip Code Neosho    MO    64850	Transaction ID : <b>1e2b3e2c-9bc7-49c9-b</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Charity Zerbel</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2014
Mailing Address    804 Mary Ave	Amount 20.40
City    State    Zip Code Neosho    MO    64850	Transaction ID : <b>59eb7791-4e9a-461e-a</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2014
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought 292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	95.40
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	[Empty]
<b>(c) TOTAL</b> Independent Expenditures..... ▶	[Empty]

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

Signature Ms. Emily Buchanan    [Electronically Filed]    Date 05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER <b>C</b> C00530766
---	---

Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name of Payee <b>Ms. Tonya Boyd</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address <b>2357 Fancy Cap Rd</b>		Amount <input type="text"/>	
City <b>Mt. Airy</b>	State <b>NC</b>	Zip Code <b>27030</b>	Transaction ID : <b>bdbb4316-d043-4984-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
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 <b>Ms. Tonya Boyd</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address <b>2357 Fancy Cap Rd</b>		Amount <input type="text"/>	
City <b>Mt. Airy</b>	State <b>NC</b>	Zip Code <b>27030</b>	Transaction ID : <b>a7bb0df2-7e79-4a8e-8</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
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) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<input type="text"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) <b>TOTAL</b> 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* [Electronically Filed] Date  /  /

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: Rebecca Deucher
Mailing Address: 4800 Vass Carthage Rd
City: Carthage, State: NC, Zip Code: 28394
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/26/2014
Amount: 15.00
Transaction ID: 541cae0d-16c3-49eb-b
Date of Disbursement or Obligation: 07/26/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

Full Name of Payee: Barbara E Spritz
Mailing Address: 3346 Durham St Ext
City: Burlington, State: NC, Zip Code: 27217
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/26/2014
Amount: 30.00
Transaction ID: 537a1c8f-c909-4499-b
Date of Disbursement or Obligation: 07/26/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 45.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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: Barbara E Spritz
Mailing Address: 3346 Durham St Ext
City: Burlington, State: NC, Zip Code: 27217
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/26/2014
Amount: 3.30
Transaction ID: 90f4e82c-57a9-42de-b
Date of Disbursement or Obligation: 07/26/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

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
Date of Public Distribution/Dissemination: 07/26/2014
Amount: 30.00
Transaction ID: 3520ac83-61b3-43e2-9
Date of Disbursement or Obligation: 07/26/2014
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: 554635.78
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 33.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Amanda Boley</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 26 / 2014
Mailing Address Split Oak Drive	Amount <span style="border: 1px solid black; padding: 2px;">9.63</span>
City charlotte State NC Zip Code 28227	<b>Transaction ID : ffc62d6-1e95-442e-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 26 / 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 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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Felice Barrett</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 26 / 2014
Mailing Address 1588 Asbury	Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>
City Springdale State AR Zip Code 72762	<b>Transaction ID : a96fc7e7-29ea-4737-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 26 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Mr. Mark L Pryor <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: AR
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">49.63</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

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
Tylan S Green
Date of Public Distribution/Dissemination
07 / 26 / 2014
Mailing Address
2320 Saint Nick Dr
Amount
4.50
City
New Orleans State
LA Zip Code
70131
Transaction ID : 3734f738-9ab1-4238-9
Purpose of Expenditure
Mileage Category/Type
002
Date of Disbursement or Obligation
07 / 26 / 2014
Name of Federal Candidate
Ms. Kay Hagan
Office Sought: House District: 00
Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Carmen Maddrey
Date of Public Distribution/Dissemination
07 / 26 / 2014
Mailing Address
2043 Nottingham Ln
Amount
70.00
City
Burlington State
NC Zip Code
27215
Transaction ID : 0c6935ca-0f09-45e9-8
Purpose of Expenditure
Salary Category/Type
001
Date of Disbursement or Obligation
07 / 26 / 2014
Name of Federal Candidate
Ms. Kay Hagan
Office Sought: House District: 00
Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 74.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature







**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Ralphie Lockhart</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 26 / 2014
Mailing Address 6310 Col Glenn Rd	Amount <span style="border: 1px solid black; padding: 2px;">70.00</span>
City State Zip Code Little Rock AR 72204	<b>Transaction ID : c0986908-d0a8-4a1b-b</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 26 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Mr. Mark L Pryor	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
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) ▶
<span style="border: 1px solid black; padding: 2px;">292370.62</span>	

Full Name of Payee <b>OBrian Price</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 26 / 2014
Mailing Address 2400 Covenant Cove	Amount <span style="border: 1px solid black; padding: 2px;">75.00</span>
City State Zip Code Little Rock AR 72204	<b>Transaction ID : ff97d57c-a672-461e-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 26 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Mr. Mark L Pryor	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
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) ▶
<span style="border: 1px solid black; padding: 2px;">292370.62</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">145.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015



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
Cassidy Quartararo
Mailing Address
632 Cameron Court
City
Kenner State
LA Zip Code
70065
Date of Public Distribution/Dissemination
07 / 26 / 2014
Amount
10.23
Transaction ID : 49acbc9d-6bbf-4f26-8
Date of Disbursement or Obligation
07 / 26 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Charity Zerbel
Mailing Address
804 Mary Ave
City
Neosho State
MO Zip Code
64850
Date of Public Distribution/Dissemination
07 / 26 / 2014
Amount
45.00
Transaction ID : 159e6eab-eb92-4b8c-8
Date of Disbursement or Obligation
07 / 26 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 55.23
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Charity Zerbel
Mailing Address 804 Mary Ave
City Neosho State MO Zip Code 64850
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/26/2014
Amount 1.80
Transaction ID : 02ecc936-e39b-4d27-b
Date of Disbursement or Obligation 07/26/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Disbursement For: Primary General 2014

Full Name of Payee
Warren Gravois
Mailing Address 16005 7th St
City Pearlinton State MS Zip Code 39572
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/26/2014
Amount 45.00
Transaction ID : 5e760049-d6fc-454f-a
Date of Disbursement or Obligation 07/26/2014
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 46.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Warren Gravois
Mailing Address
16005 7th St
City
Pearlington State
MS Zip Code
39572
Purpose of Expenditure
Mileage Category/Type
002
Date of Public Distribution/Dissemination
07 / 26 / 2014
Amount
1.80
Transaction ID : e0eea46f-e00a-4377-9
Date of Disbursement or Obligation
07 / 26 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
House District: 00
Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Elizabeth Hanks
Mailing Address
891 W. Melmar
City
Fayetteville State
AR Zip Code
72703
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
07 / 26 / 2014
Amount
35.00
Transaction ID : af6cab70-efe2-4610-9
Date of Disbursement or Obligation
07 / 26 / 2014
Name of Federal Candidate
Mr. Mark L Pryor
Office Sought:
House District: 00
Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 36.80
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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
Diane Smith
Mailing Address
4006 Wolkswalk Place
City
Raleigh State
NC Zip Code
27610
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 26 / 2014
Amount
4.50
Transaction ID : 0ef3d676-cac4-46a0-9
Date of Disbursement or Obligation
07 / 26 / 2014
Office Sought:
House District: 00
President Senate State: NC
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Ethan Cranford
Mailing Address
2012 Caleb Drive
City
Searcy State
AR Zip Code
72143
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 26 / 2014
Amount
35.00
Transaction ID : 246be7eb-88e5-4ec3-b
Date of Disbursement or Obligation
07 / 26 / 2014
Office Sought:
House District: 00
President Senate State: AR
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 39.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Ethan Cranford</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 26 / 2014
Mailing Address 2012 Caleb Drive	Amount <span style="border: 1px solid black; padding: 2px;">28.50</span>
City State Zip Code Searcy AR 72143	<b>Transaction ID : c1797aae-7beb-4ec2-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 26 / 2014
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Robin L Bennett</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 26 / 2014
Mailing Address 3505 Beaumont St Apt 13D	Amount <span style="border: 1px solid black; padding: 2px;">45.00</span>
City State Zip Code Neosho MO 64850	<b>Transaction ID : e2182ccc-0cb7-4d8d-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 26 / 2014
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">73.50</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

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: Robin L Bennett
Mailing Address: 3505 Beaumont St Apt 13D
City: Neosho, State: MO, Zip Code: 64850
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 36.00
Transaction ID: 6c57d6cb-21aa-4f24-8
Date of Disbursement or Obligation: 07/26/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Peter Sahuc
Mailing Address: 107 Phillip Ave
City: Lafayette, State: LA, Zip Code: 70503
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 50.00
Transaction ID: 8bc21231-a0ec-4deb-9
Date of Disbursement or Obligation: 07/26/2014
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, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 86.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: 07/26/2014
Amount: 35.70
Transaction ID: be573b5f-4f79-4ee0-8
Name of Federal Candidate: Ms. Mary L Landriau
Office Sought: Senate, State: LA
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 554635.78

Full Name of Payee: Nathan D Wirebaugh
Mailing Address: 7320 Red Maple Dr
City: Holland, State: OH, Zip Code: 43528
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/26/2014
Amount: 80.00
Transaction ID: 4b7d6f2d-48f6-45db-9
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate, State: NC
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 1095959.94

(a) SUBTOTAL of Itemized Independent Expenditures: 115.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015



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
Beverly Williams
Mailing Address
3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure
Salary Category/Type 001

Date of Public Distribution/Dissemination
07 / 26 / 2014
Amount
70.00
Transaction ID : 338fcf03-0d18-4669-b
Date of Disbursement or Obligation
07 / 26 / 2014

Name of Federal Candidate
Ms. Kay Hagan
Support Oppose
Office Sought: House Senate
District: 00 State: NC

Disbursement For: Primary General
2014 Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Full Name of Payee
Danielle McCoy
Mailing Address
1025 Cayley Ct
City High Point State NC Zip Code 27260
Purpose of Expenditure
Salary Category/Type 001

Date of Public Distribution/Dissemination
07 / 26 / 2014
Amount
70.00
Transaction ID : 5a827b31-599e-47a2-b
Date of Disbursement or Obligation
07 / 26 / 2014

Name of Federal Candidate
Ms. Kay Hagan
Support Oppose
Office Sought: House Senate
District: 00 State: NC

Disbursement For: Primary General
2014 Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
1095959.94

(a) SUBTOTAL of Itemized Independent Expenditures 140.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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
Chris McCoy
Mailing Address
1025 Cayley Ct
City
High Point State
NC Zip Code
27260
Date of Public Distribution/Dissemination
07 / 26 / 2014
Amount
18.30
Transaction ID : 81dd9655-f95c-480c-8
Date of Disbursement or Obligation
07 / 26 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Lily Green
Mailing Address
205 Medallion Circle
City
Shreveport State
LA Zip Code
71119
Date of Public Distribution/Dissemination
07 / 26 / 2014
Amount
30.00
Transaction ID : 053633a3-f851-471f-8
Date of Disbursement or Obligation
07 / 26 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 48.30
(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 05 / 14 / 2015
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
Lily Green
Mailing Address
205 Medallion Circle
City
Shreveport State
LA Zip Code
71119
Date of Public Distribution/Dissemination
07 / 26 / 2014
Amount
17.10
Transaction ID : 1aa0765a-6aa5-48ca-8
Purpose of Expenditure
Mileage Category/
Type 002
Date of Disbursement or Obligation
07 / 26 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose
Office Sought: House
Senate
District: 00
State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary
General
2014 Other (specify)

Full Name of Payee
Courtney Goldstein
Mailing Address
1809 N Woodlawn
City
Metairie State
LA Zip Code
70001
Date of Public Distribution/Dissemination
07 / 26 / 2014
Amount
40.00
Transaction ID : e2a77650-1a4a-4e03-a
Purpose of Expenditure
Salary Category/
Type 001
Date of Disbursement or Obligation
07 / 26 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose
Office Sought: House
Senate
District: 00
State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary
General
2014 Other (specify)

(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 05 / 14 / 2015
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: Courtney Goldstein
Mailing Address: 1809 N Woodlawn
City: Metairie, State: LA, Zip Code: 70001
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/26/2014
Amount: 2.40
Transaction ID: 35681455-de3a-4448-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: 554635.78

Full Name of Payee: Jeffrey Hampton
Mailing Address: 1700 E Part Ave
City: Searcy, State: AR, Zip Code: 72149
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/26/2014
Amount: 75.00
Transaction ID: 22200ea9-ab97-4700-b
Name of Federal Candidate: Mr. Mark L Pryor
Office Sought: Senate, State: AR
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 292370.62

(a) SUBTOTAL of Itemized Independent Expenditures: 77.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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
Jeffrey Hampton
Mailing Address
1700 E Part Ave
City
Searcy State
AR Zip Code
72149
Date of Public Distribution/Dissemination
07 / 26 / 2014
Amount
79.41
Transaction ID : d62cc260-bd71-4f9d-a
Date of Disbursement or Obligation
07 / 26 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Anna Harris
Mailing Address
3654 Tara St
City
Springdale State
AR Zip Code
72762
Date of Public Distribution/Dissemination
07 / 26 / 2014
Amount
50.00
Transaction ID : 5f768156-8ae8-472a-b
Date of Disbursement or Obligation
07 / 26 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 129.41
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 0 2px;">C</span> 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 <b>Anna Harris</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 26 / 2014</b>	
Mailing Address 3654 Tara St		Amount <b>16.50</b>	
City Springdale	State AR	Zip Code 72762	<b>Transaction ID : 5cf1e9df-ab6d-4513-a</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 26 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Michael Vidrine</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 26 / 2014</b>	
Mailing Address 1103 West Wilson Street		Amount <b>70.00</b>	
City Ville Platte	State LA	Zip Code 70586	<b>Transaction ID : 510de10c-916b-411d-a</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 26 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>86.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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 Vidrine
Mailing Address
1103 West Wilson Street
City
Ville Platte State
LA Zip Code
70586
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 26 / 2014
Amount
31.50
Transaction ID : cb70ace0-f70e-40e8-9
Date of Disbursement or Obligation
07 / 26 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

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
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 26 / 2014
Amount
50.00
Transaction ID : 2c7635f5-53f0-45aa-8
Date of Disbursement or Obligation
07 / 26 / 2014
Office Sought: House District: 00
Senate State: LA
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 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> 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 <b>Jeanne Tribou</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      07 / 26 / 2014                 </div>		
Mailing Address 22369 Ponderosa Dr.	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5.40</div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City Mandeville</td> <td style="width:20%;">State LA</td> <td style="width:50%;">Zip Code 70471</td> </tr> </table>		City Mandeville	State LA
City Mandeville	State LA	Zip Code 70471	
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		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">554635.78</div>	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee <b>Larry Freeman</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">                     MM / DD / YYYY                      07 / 26 / 2014                 </div>		
Mailing Address 11214 Mesa drive	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">75.00</div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City Little rock</td> <td style="width:20%;">State AR</td> <td style="width:50%;">Zip Code 72211</td> </tr> </table>		City Little rock	State AR
City Little rock	State AR	Zip Code 72211	
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>		
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">292370.62</div>	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">80.40</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(c) TOTAL</b> 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 

MM / DD / YYYY

  
 05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="margin-left: 20px;">MM / DD / YYYY</span>	

Full Name of Payee <b>ERIC TABARY</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014
Mailing Address 6101 NORA ST	Amount 90.00
City State Zip Code METAIRIE LA 70003	
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 554635.78	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : cd283007-cf3b-4286-8**

Full Name of Payee <b>Jessica Habakjian</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014
Mailing Address 4193 W. Lang St	Amount 50.00
City State Zip Code Farmville NC 27828	
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

**Transaction ID : 1d1f4034-9b04-4074-8**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	140.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="margin-left: 20px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Jessica Habakjian</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 26 / 2014</b>
Mailing Address <b>4193 W. Lang St</b>	Amount <b>9.00</b>
City <b>Farmville</b> State <b>NC</b> Zip Code <b>27828</b>	<b>Transaction ID : 128eb9eb-c32e-4b3d-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 26 / 2014</b>
Purpose of Expenditure <b>Mileage</b> Category/Type <b>002</b>	Name of Federal Candidate <b>Ms. Kay Hagan</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Francis Richardson</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 26 / 2014</b>
Mailing Address <b>220 Doucet Rd</b>	Amount <b>35.00</b>
City <b>Lafayette</b> State <b>LA</b> Zip Code <b>70503</b>	<b>Transaction ID : b6cc70b7-4bd1-486a-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 26 / 2014</b>
Purpose of Expenditure <b>Salary</b> Category/Type <b>001</b>	Name of Federal Candidate <b>Ms. Mary L Landrieu</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>44.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
**05 / 14 / 2015**

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: Francis Richardson
Mailing Address: 220 Doucet Rd
City: Lafayette, State: LA, Zip Code: 70503
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/26/2014
Amount: 2.76
Transaction ID: 2a80ac2f-2c79-41d7-9
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: 554635.78
Disbursement For: [ ] Primary, [X] General 2014, [ ] Other (specify)

Full Name of Payee: Jon Linch
Mailing Address: 6108 Harkins Ave
City: Little Rock, State: AR, Zip Code: 72210
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/26/2014
Amount: 70.00
Transaction ID: 6cd1c39d-915f-4a29-b
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 72.76
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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 Linch
Mailing Address: 6108 Harkins Ave
City: Little Rock, State: AR, Zip Code: 72210
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 19.50
Transaction ID: e0f38abd-6b1f-4755-b
Date of Disbursement or Obligation: 07/26/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Evelyn Lesaicherre
Mailing Address: 629 Radiane Ave
City: Metairie, State: LA, Zip Code: 70001
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 70.00
Transaction ID: e9ac502d-051e-4cc1-a
Date of Disbursement or Obligation: 07/26/2014
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: 554635.78
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 89.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Evelyn Lesaicherre</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014
Mailing Address 629 Radianc Ave		Amount 4.80
City Metairie	State LA	Zip Code 70001
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<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	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Transaction ID : 11336361-703f-4e15-9

Full Name of Payee <b>Tarrin Lesaicherre</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2014
Mailing Address 629 Radianc Ave		Amount 70.00
City Metairie	State LA	Zip Code 70001
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	<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	554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Transaction ID : f9793ad7-d59a-488f-8

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	74.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> 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 <b>Tarrin Lesaicherre</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     07 / 26 / 2014                 </div>
Mailing Address 629 Radiance Ave	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     4.80                 </div>
City State Zip Code Metairie LA 70001	
Purpose of Expenditure Mileage	
Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     002                 </div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     07 / 26 / 2014                 </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: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: LA	Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     554635.78                 </div>
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	Disbursement For: 2014

**Transaction ID : b911a784-bc5a-4da6-a**

Full Name of Payee <b>Tabetha D Espenschied</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     07 / 26 / 2014                 </div>
Mailing Address 2002 East Park Ave Apt 40	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     100.00                 </div>
City State Zip Code Searcy AR 72143	
Purpose of Expenditure Salary	
Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     001                 </div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     07 / 26 / 2014                 </div>
Name of Federal Candidate Mr. Mark L Pryor	<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: AR	Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">                     292370.62                 </div>
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	Disbursement For: 2014

**Transaction ID : 1027f755-6c51-4c7f-8**

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">                     104.80                 </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">                     _____                 </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">                     _____                 </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 

05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 26 / 2014</b>	
Mailing Address 6412 Osage Dr		Amount <b>25.00</b>	
City North Little rock	State AR	Zip Code 72116	Transaction ID : <b>a7abbc8-0b6c-45f0-9</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 26 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 26 / 2014</b>	
Mailing Address 6412 Osage Dr		Amount <b>3.15</b>	
City North Little rock	State AR	Zip Code 72116	Transaction ID : <b>8355d7b0-d89b-4771-8</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 26 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>28.15</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold;">C</span> 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 <b>Mr. Elizabeth Allison</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>            07 / 26 / 2014         </div>				
Mailing Address    157 Bishop Drive	Amount <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>            12.50         </div>				
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Avondale</td> <td style="width:33%;">State LA</td> <td style="width:33%;">Zip Code 70094</td> </tr> </table>	City Avondale	State LA	Zip Code 70094	<b>Transaction ID : e3bc0588-70b4-4e83-9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>            07 / 26 / 2014         </div>	
City Avondale	State LA	Zip Code 70094			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Purpose of Expenditure Salary</td> <td style="width:50%;">Category/Type <div style="border: 1px solid black; padding: 2px;">001</div></td> </tr> </table>	Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Name of Federal Candidate Ms. Mary L Landrieu</td> <td style="width:50%;"> <input type="checkbox"/> Support    <input checked="" type="checkbox"/> Oppose  <input type="checkbox"/> President    <input checked="" type="checkbox"/> Senate           </td> </tr> </table>	Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>				
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate				
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Calendar Year-To-Date Per Election for Office Sought</td> <td style="width:40%; border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>            554635.78         </td> </tr> </table>	Calendar Year-To-Date Per Election for Office Sought	<span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> 554635.78	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	<span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> 554635.78				

Full Name of Payee <b>Laura Rose Porter</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>            07 / 26 / 2014         </div>				
Mailing Address    227 Fairgrounds Road	Amount <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>            12.50         </div>				
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Natchitoches</td> <td style="width:33%;">State LA</td> <td style="width:33%;">Zip Code 71457</td> </tr> </table>	City Natchitoches	State LA	Zip Code 71457	<b>Transaction ID : 7ad64758-f929-4e69-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>            07 / 26 / 2014         </div>	
City Natchitoches	State LA	Zip Code 71457			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Purpose of Expenditure Salary</td> <td style="width:50%;">Category/Type <div style="border: 1px solid black; padding: 2px;">001</div></td> </tr> </table>	Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Name of Federal Candidate Ms. Mary L Landrieu</td> <td style="width:50%;"> <input type="checkbox"/> Support    <input checked="" type="checkbox"/> Oppose  <input type="checkbox"/> President    <input checked="" type="checkbox"/> Senate           </td> </tr> </table>	Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px;">001</div>				
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate				
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Calendar Year-To-Date Per Election for Office Sought</td> <td style="width:40%; border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>            554635.78         </td> </tr> </table>	Calendar Year-To-Date Per Election for Office Sought	<span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> 554635.78	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	<span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> 554635.78				

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span> 25.00
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
 05 / 14 / 2015

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 Rose Porter
Mailing Address: 227 Fairgrounds Road
City: Natchitoches, State: LA, Zip Code: 71457
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/26/2014
Amount: 1.80
Transaction ID: 552970a6-d9c3-4671-8
Name of Federal Candidate: Ms. Mary L Landriau
Office Sought: Senate, State: LA
Disbursement For: General

Full Name of Payee: Amelia Brackett
Mailing Address: 804 Roundabout Circle
City: Searcy, State: AR, Zip Code: 72143
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/26/2014
Amount: 100.00
Transaction ID: 6631778c-3f2a-4d3f-8
Name of Federal Candidate: Mr. Mark L Pryor
Office Sought: Senate, State: AR
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 101.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Amelia Brackett</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 26 / 2014</b>
Mailing Address 804 Roundabout Circle		Amount <b>80.40</b>
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Transaction ID : <b>5ed6ed17-9c02-41ad-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 26 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought	<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Lee R Carter</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 26 / 2014</b>
Mailing Address 3110 Brentwood Rd		Amount <b>70.00</b>
City Raleigh	State NC	Zip Code 27604
Purpose of Expenditure Salary	Category/Type <b>001</b>	Transaction ID : <b>25655916-00ee-4d45-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 26 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>150.40</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**







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 N Randall
Mailing Address: 2002 E Park Ave Apt 40
City: Searcy State: AR Zip Code: 72143
Purpose of Expenditure: Mileage Category/Type: 002
Date of Public Distribution/Dissemination: 07/27/2014
Amount: 113.64
Transaction ID: abd150d0-5622-4753-9
Date of Disbursement or Obligation: 07/27/2014
Name of Federal Candidate: Mr. Mark L Pryor
Office Sought: Senate State: AR
Disbursement For: General 2014

Full Name of Payee: Reagan Brackett
Mailing Address: 502 E Center Ave
City: Searcy State: AR Zip Code: 72143
Purpose of Expenditure: Salary Category/Type: 001
Date of Public Distribution/Dissemination: 07/27/2014
Amount: 100.00
Transaction ID: e2a0a027-f3f9-413b-b
Date of Disbursement or Obligation: 07/27/2014
Name of Federal Candidate: Mr. Mark L Pryor
Office Sought: Senate State: AR
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 213.64
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Lorri Anderson</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 27 / 2014</b>
Mailing Address 7214 Duchamp Dr	Amount <b>35.00</b>
City Charlotte	State NC
Zip Code 23215	<b>Transaction ID : a71bc2ff-2a05-4c76-9</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 27 / 2014</b>
Category/Type <b>001</b>	Name of Federal Candidate Ms. Kay Hagan
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Lorri Anderson</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 27 / 2014</b>
Mailing Address 7214 Duchamp Dr	Amount <b>10.80</b>
City Charlotte	State NC
Zip Code 23215	<b>Transaction ID : c7758d15-468e-4918-8</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 27 / 2014</b>
Category/Type <b>002</b>	Name of Federal Candidate Ms. Kay Hagan
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>45.80</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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
Tylan S Green
Mailing Address
2320 Saint Nick Dr
City
New Orleans State
LA Zip Code
70131
Purpose of Expenditure
Salary Category/
Type
001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 27 / 2014
Amount
50.00
Transaction ID : 1864ef85-5ad7-46ee-8
Date of Disbursement or Obligation
07 / 27 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Tylan S Green
Mailing Address
2320 Saint Nick Dr
City
New Orleans State
LA Zip Code
70131
Purpose of Expenditure
Mileage Category/
Type
002
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 27 / 2014
Amount
3.00
Transaction ID : 7ee81c80-5d34-49e3-8
Date of Disbursement or Obligation
07 / 27 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 53.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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: Dylan Simon
Mailing Address: 111 Millrock Drive
City: Lafayette, State: LA, Zip Code: 70508
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/27/2014
Amount: 22.17
Transaction ID: 7060b9f4-b354-49ab-9
Date of Disbursement or Obligation: 07/27/2014
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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Dylan Simon
Mailing Address: 111 Millrock Drive
City: Lafayette, State: LA, Zip Code: 70508
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/27/2014
Amount: 9.12
Transaction ID: 6e54c586-0496-4e87-b
Date of Disbursement or Obligation: 07/27/2014
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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 31.29
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015



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: James Antonetz
Mailing Address: 11127 Gila Valley Dr
City: Little Rock, State: AR, Zip Code: 72212
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/27/2014
Amount: 35.00
Transaction ID: 623cb198-c6be-4b5e-a
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: James Antonetz
Mailing Address: 11127 Gila Valley Dr
City: Little Rock, State: AR, Zip Code: 72212
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/27/2014
Amount: 9.60
Transaction ID: 0dd83c42-4490-4341-9
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 44.60
(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 05/14/2015
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 Danielle McCoy
Mailing Address 1025 Cayley Ct
City High Point State NC Zip Code 27260
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination 07 / 27 / 2014
Amount 70.00
Transaction ID : fa244d23-b0e9-41f8-a
Date of Disbursement or Obligation 07 / 27 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Danielle McCoy
Mailing Address 1025 Cayley Ct
City High Point State NC Zip Code 27260
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination 07 / 27 / 2014
Amount 25.80
Transaction ID : 3aa70180-3b72-4af5-9
Date of Disbursement or Obligation 07 / 27 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 95.80
(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 05 / 14 / 2015
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
Chris McCoy
Mailing Address
1025 Cayley Ct
City
High Point State
NC Zip Code
27260
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 27 / 2014
Amount
65.00
Transaction ID : 33b346a1-a36a-47f4-b
Date of Disbursement or Obligation
07 / 27 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Chris McCoy
Mailing Address
1025 Cayley Ct
City
High Point State
NC Zip Code
27260
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 27 / 2014
Amount
25.50
Transaction ID : c45c46a5-b192-48b7-b
Date of Disbursement or Obligation
07 / 27 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 90.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Najib Mahmud
Mailing Address: 3432 Riverrock Ct
City: Baton Rouge, State: LA, Zip Code: 70820
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/27/2014
Amount: 50.00
Transaction ID: a9abe373-8a5f-4693-9
Date of Disbursement or Obligation: 07/27/2014
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: 554635.78

Full Name of Payee: Najib Mahmud
Mailing Address: 3432 Riverrock Ct
City: Baton Rouge, State: LA, Zip Code: 70820
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/27/2014
Amount: 3.60
Transaction ID: bb55ef50-917a-4ebb-9
Date of Disbursement or Obligation: 07/27/2014
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: 554635.78

(a) SUBTOTAL of Itemized Independent Expenditures: 53.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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: 07/27/2014
Amount: 70.00
Transaction ID: 2a2828b4-26a4-41f2-9
Date of Disbursement or Obligation: 07/27/2014
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: 554635.78

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: 07/27/2014
Amount: 34.50
Transaction ID: b00cbbcb-bdbe-4641-b
Date of Disbursement or Obligation: 07/27/2014
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: 554635.78

(a) SUBTOTAL of Itemized Independent Expenditures: 104.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015

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
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/27/2014
Amount 70.00
Transaction ID : e0450d89-b056-4779-8
Date of Disbursement or Obligation 07/27/2014
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
ERIC TABARY
Mailing Address 6101 NORA ST
City METAIRIE State LA Zip Code 70003
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/27/2014
Amount 0.60
Transaction ID : 518554d7-256b-40d8-8
Date of Disbursement or Obligation 07/27/2014
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 70.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> 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 <b>Courtney Goldstein</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          07 / 27 / 2014       </div>
Mailing Address 1809 N Woodlawn	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          25.00       </div>
City State Zip Code Metairie LA 70001	<b>Transaction ID : 906a4103-c8c5-482b-9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          07 / 27 / 2014       </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          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;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          554635.78       </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Courtney Goldstein</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          07 / 27 / 2014       </div>
Mailing Address 1809 N Woodlawn	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          3.00       </div>
City State Zip Code Metairie LA 70001	<b>Transaction ID : b16f5f20-e426-4834-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          07 / 27 / 2014       </div>
Purpose of Expenditure Mileage	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          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;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          554635.78       </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          28.00       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          _____       </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          _____       </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  
 05 / 14 / 2015





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: Francis Richardson
Mailing Address: 220 Doucet Rd
City: Lafayette, State: LA, Zip Code: 70503
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/27/2014
Amount: 35.00
Transaction ID: c8993519-4c00-46d2-9
Date of Disbursement or Obligation: 07/27/2014
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: 554635.78

Full Name of Payee: Francis Richardson
Mailing Address: 220 Doucet Rd
City: Lafayette, State: LA, Zip Code: 70503
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/27/2014
Amount: 3.51
Transaction ID: a789f042-f2af-4bf9-9
Date of Disbursement or Obligation: 07/27/2014
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: 554635.78

(a) SUBTOTAL of Itemized Independent Expenditures..... 38.51
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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 Linch
Mailing Address: 6108 Harkins Ave
City: Little Rock, State: AR, Zip Code: 72210
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/27/2014
Amount: 30.00
Transaction ID: b8400291-8c5b-4ed7-b
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Jon Linch
Mailing Address: 6108 Harkins Ave
City: Little Rock, State: AR, Zip Code: 72210
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/27/2014
Amount: 9.00
Transaction ID: 3c31568d-d4f1-49cc-9
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 39.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
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: Brittany Jones
Mailing Address: 338 Wayne Drive
City: Shreveport, State: LA, Zip Code: 71105
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/28/2014
Amount: 25.00
Transaction ID: 6e63a668-6b5b-428b-9
Date of Disbursement or Obligation: 07/28/2014
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: 554635.78

Full Name of Payee: Casey Stockton
Mailing Address: 105 South Dale St
City: Spruce Pine, State: NC, Zip Code: 28777
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/28/2014
Amount: 70.00
Transaction ID: 16b38702-7095-4b0d-a
Date of Disbursement or Obligation: 07/28/2014
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate, State: NC
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 1095959.94

(a) SUBTOTAL of Itemized Independent Expenditures: 95.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015

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 Casey Stockton
Mailing Address 105 South Dale St
City Spruce Pine State NC Zip Code 28777
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/28/2014
Amount 22.20
Transaction ID : ea70cf9c-2dd6-4df0-b
Date of Disbursement or Obligation 07/28/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Mary Johnson
Mailing Address 105 South Dale St
City Spruce Pine State NC Zip Code 28777
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/28/2014
Amount 70.00
Transaction ID : 01ae05a0-6ef3-41df-a
Date of Disbursement or Obligation 07/28/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 92.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: 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: 07/26/2014
Amount: 15.00
Transaction ID: 37298619-a078-429c-8
Date of Disbursement or Obligation: 07/26/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Lorri Anderson
Mailing Address: 7214 Duchamp Dr
City: Charlotte, State: NC, Zip Code: 23215
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/28/2014
Amount: 25.00
Transaction ID: 738bdaf0-321d-492c-b
Date of Disbursement or Obligation: 07/28/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

(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: 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>	
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 <b>Lorri Anderson</b>		Date of Public Distribution/Dissemination <b>07 / 28 / 2014</b>	
Mailing Address <b>7214 Duchamp Dr</b>		Amount <b>10.80</b>	
City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>23215</b>	Transaction ID : <b>34c8247b-58a2-4df9-b</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation <b>07 / 28 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Jessica Habakjian</b>		Date of Public Distribution/Dissemination <b>07 / 28 / 2014</b>	
Mailing Address <b>4193 W. Lang St</b>		Amount <b>55.00</b>	
City <b>Farmville</b>	State <b>NC</b>	Zip Code <b>27828</b>	Transaction ID : <b>a1a19e71-bc25-4747-9</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation <b>07 / 28 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>65.80</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan [Electronically Filed] Date **05 / 14 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Jessica Habakjian</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 28 / 2014
Mailing Address 4193 W. Lang St	Amount <span style="border: 1px solid black; padding: 2px;">12.00</span>
City State Zip Code Farmville NC 27828	
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

**Transaction ID : e90e6570-22a7-440c-b**  
Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2014

Full Name of Payee <b>Christopher L Grau</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 28 / 2014
Mailing Address 2328 Caplis Sligo Rd	Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>
City State Zip Code Bossier City LA 71112	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

**Transaction ID : 905e04ed-bf9e-4577-8**  
Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2014

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">42.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015



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 Grau
Mailing Address
2328 Caplis Sligo Rd
City
Bossier City State
LA Zip Code
71112
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
14.40
Transaction ID : 93c7f22a-7d33-4338-b
Date of Disbursement or Obligation
07 / 28 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

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. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
20.00
Transaction ID : 29a2a125-d6b2-470f-8
Date of Disbursement or Obligation
07 / 28 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 34.40
(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 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Barbara E Spritz</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 28 / 2014
Mailing Address 3346 Durham St Ext	Amount <span style="border: 1px solid black; padding: 2px;">65.00</span>
City State Zip Code Burlington NC 27217	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
Name of Federal Candidate Ms. Kay Hagan	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Barbara E Spritz</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 28 / 2014
Mailing Address 3346 Durham St Ext	Amount <span style="border: 1px solid black; padding: 2px;">3.30</span>
City State Zip Code Burlington NC 27217	
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Kay Hagan	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">68.30</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="margin-left: 20px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Allie Butler</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 28 / 2014</b>
Mailing Address 1676 Shady Creek Rd	Amount <b>36.60</b>
City Ayden	State NC
Zip Code 28513	<b>Transaction ID : 1f1ea4dd-3fd0-40d2-a</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 28 / 2014</b>
Category/Type <b>001</b>	Name of Federal Candidate Ms. Kay Hagan
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Steven Jean</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 28 / 2014</b>
Mailing Address 2012 Harrison Ave	Amount <b>80.00</b>
City Winston Salem	State NC
Zip Code 27105	<b>Transaction ID : 7682ce6a-118c-42d2-b</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 28 / 2014</b>
Category/Type <b>001</b>	Name of Federal Candidate Ms. Kay Hagan
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>116.60</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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*Ms. Emily Buchanan*

Signature \_\_\_\_\_ [Electronically Filed] Date MM / DD / YYYY  
**05 / 14 / 2015**



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 M Stevens
Mailing Address: 1691 Fork Mtn Rd
City: Bakersville, State: NC, Zip Code: 28705
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/28/2014
Amount: 40.00
Transaction ID: 3ca89050-1fcd-4cce-9
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: General 2014

Full Name of Payee: Virginia M Stevens
Mailing Address: 1691 Fork Mtn Rd
City: Bakersville, State: NC, Zip Code: 28705
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/28/2014
Amount: 17.10
Transaction ID: bffd4553-e0e3-4a88-8
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: General 2014

(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 05/14/2015
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 Sarah Nugent
Mailing Address 2 White Oak Court
City Searcy State AR Zip Code 72143
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/28/2014
Amount 40.00
Transaction ID : 8fd6b855-33e6-4db7-b
Date of Disbursement or Obligation 07/28/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Sarah Nugent
Mailing Address 2 White Oak Court
City Searcy State AR Zip Code 72143
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/28/2014
Amount 14.61
Transaction ID : 54ad9856-4974-4ac4-8
Date of Disbursement or Obligation 07/28/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 54.61
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Solveig Lysne
Mailing Address
7121 Oyster Lane
City
Wilmington State
NC Zip Code
28411
Purpose of Expenditure
Salary Category/
Type
001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
23.90
Transaction ID : 8a3863e5-ec3f-4b05-8
Date of Disbursement or Obligation
07 / 28 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Solveig Lysne
Mailing Address
7121 Oyster Lane
City
Wilmington State
NC Zip Code
28411
Purpose of Expenditure
Mileage Category/
Type
002
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
2.34
Transaction ID : 22dfdab8-831f-407c-b
Date of Disbursement or Obligation
07 / 28 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 26.24
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Ralphie Lockhart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014
Mailing Address 6310 Col Glenn Rd		Amount 55.00
City Little Rock	State AR	Zip Code 72204
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 91368aff-d396-4e11-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<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: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Mattie Harris</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014
Mailing Address 3654 Tara St		Amount 30.00
City springdale	State AR	Zip Code 72762
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : b517bdda-4da5-4307-a Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Name of Federal Candidate Mr. Mark L Pryor	<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: AR
Calendar Year-To-Date Per Election for Office Sought	292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	85.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015



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: Carmen Maddrey
Mailing Address: 2043 Nottingham Ln
City: Burlington, State: NC, Zip Code: 27215
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/28/2014
Amount: 70.00
Transaction ID: 2b67b361-83b8-41a9-9
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: General 2014

Full Name of Payee: Carmen Maddrey
Mailing Address: 2043 Nottingham Ln
City: Burlington, State: NC, Zip Code: 27215
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/28/2014
Amount: 3.60
Transaction ID: 3e4865ce-87de-40f4-9
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 73.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Francesca Blom</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 28 / 2014</b>
Mailing Address 101 Asbury Ct		Amount <b>80.00</b>
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : <b>e2faef2d-9779-4bcc-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 28 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Gabriella E Hansen</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 28 / 2014</b>
Mailing Address 310 West Meath Drive		Amount <b>20.00</b>
City Winterville	State NC	Zip Code 28590
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : <b>459c72cd-9fff-4065-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 28 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>100.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Tylan S Green</b>	Date of Public Distribution/Dissemination <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 28 / 2014</b>
Mailing Address 2320 Saint Nick Dr	Amount <span style="float:right">6.00</span>
City State Zip Code New Orleans LA 70131	<b>Transaction ID : e9424f0d-6e55-45bc-a</b> Date of Disbursement or Obligation <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 28 / 2014</b>
Purpose of Expenditure Mileage	Category/Type <span style="float:right">002</span>
Name of Federal Candidate Ms. Kay Hagan	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="float:right">1095959.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Ms. Chassidy Menard</b>	Date of Public Distribution/Dissemination <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 28 / 2014</b>
Mailing Address 515 Walter Dr.	Amount <span style="float:right">10.00</span>
City State Zip Code Lafayette LA 70507	<b>Transaction ID : 0fec01d0-baa9-4e7c-a</b> Date of Disbursement or Obligation <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span> <b>07 / 28 / 2014</b>
Purpose of Expenditure Salary	Category/Type <span style="float:right">001</span>
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 <span style="float:right">554635.78</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="float:right">16.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**05 / 14 / 2015**









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
Phillip Williams
Mailing Address
3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure
Mileage Category/Type 002
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
26.10
Transaction ID : 6740a50a-f299-47d1-8
Date of Disbursement or Obligation
07 / 28 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General 2014
Other (specify)

Full Name of Payee
Beverly Williams
Mailing Address
3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure
Salary Category/Type 001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
95.00
Transaction ID : b1e7b7be-aa1e-4bdc-8
Date of Disbursement or Obligation
07 / 28 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General 2014
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 121.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Mr. Alex Peyton
Mailing Address
859 Hicks Rd
City
Washington State
LA Zip Code
70589
Purpose of Expenditure
Salary Category/Type
001

Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
70.00
Transaction ID : b382018c-69fb-4658-b
Date of Disbursement or Obligation
07 / 28 / 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)
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Full Name of Payee
Mr. Alex Peyton
Mailing Address
859 Hicks Rd
City
Washington State
LA Zip Code
70589
Purpose of Expenditure
Mileage Category/Type
002

Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
39.00
Transaction ID : 54aaef73-ed5a-48f0-a
Date of Disbursement or Obligation
07 / 28 / 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)
Calendar Year-To-Date
Per Election for Office Sought
554635.78

(a) SUBTOTAL of Itemized Independent Expenditures 109.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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
Trent C Oelschlaeger
Mailing Address
18710 Strawberry Plant Road
City
Fayetteville State
AR Zip Code
72704
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
37.00
Transaction ID : 1fe298de-3f9b-4e65-a
Date of Disbursement or Obligation
07 / 28 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Trent C Oelschlaeger
Mailing Address
18710 Strawberry Plant Road
City
Fayetteville State
AR Zip Code
72704
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
15.90
Transaction ID : ee92f752-4d0b-49d1-a
Date of Disbursement or Obligation
07 / 28 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 52.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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: Warren Gravois
Mailing Address: 16005 7th St
City: Pearlington, State: MS, Zip Code: 39572
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/28/2014
Amount: 20.00
Transaction ID: 6eb76acf-0180-4736-8
Date of Disbursement or Obligation: 07/28/2014
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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Warren Gravois
Mailing Address: 16005 7th St
City: Pearlington, State: MS, Zip Code: 39572
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/28/2014
Amount: 0.60
Transaction ID: a144af61-b3b2-43e2-8
Date of Disbursement or Obligation: 07/28/2014
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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 20.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
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
Nathan D Wirebaugh
Mailing Address
7320 Red Maple Dr
City
Holland State
OH Zip Code
43528
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
30.00
Transaction ID : 4f3dce36-4d9f-44b8-b
Date of Disbursement or Obligation
07 / 28 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Zachary Vidrine
Mailing Address
202 Rue Des Cajun
City
Ville Platte State
LA Zip Code
70586
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
40.00
Transaction ID : 993ea705-6b16-4a9a-8
Date of Disbursement or Obligation
07 / 28 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 70.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Zachary Vidrine</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 28 / 2014</b>
Mailing Address 202 Rue Des Cajun	Amount <b>41.10</b>
City Ville Platte	State LA
Zip Code 70586	Transaction ID : <b>7307fbf3-14bb-4d57-9</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 28 / 2014</b>
Category/Type <b>002</b>	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 <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Malinda Ledford</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 28 / 2014</b>
Mailing Address 44 Bell Street Ext	Amount <b>40.00</b>
City Spruce Pine	State NC
Zip Code 28777	Transaction ID : <b>584047cf-f373-427d-9</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 28 / 2014</b>
Category/Type <b>001</b>	Name of Federal Candidate Ms. Kay Hagan
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>81.10</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Malinda Ledford</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 28 / 2014</b>
Mailing Address 44 Bell Street Ext		Amount <b>17.10</b>
City Spruce Pine	State NC	Zip Code 28777
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 28 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Timothy Foley</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 28 / 2014</b>
Mailing Address 20679 Glenbrook Terrace		Amount <b>35.00</b>
City Sterling	State VA	Zip Code 20165
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 28 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>52.10</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**



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
Morgan R Padgett
Mailing Address
2164 Kay Rd
City
Greenville State
NC Zip Code
27858
Purpose of Expenditure
Salary Category/
Type
001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
20.00
Transaction ID : 556b7e1b-ade1-496f-8
Date of Disbursement or Obligation
07 / 28 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Reagan Brackett
Originally reported against Kay Hagan, corrected with filing
Mailing Address
502 E Center Ave
City
Searcy State
AR Zip Code
72143
Purpose of Expenditure
Salary Category/
Type
001
Name of Federal Candidate
Mr. Mark L Pryor
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
60.00
Transaction ID : 0e7b24bc-13d2-4243-8
Date of Disbursement or Obligation
07 / 28 / 2014
Office Sought:
House District: 00
Senate State: AR
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 80.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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
Reagan Brackett
Originally reported against Kay Hagan, corrected with filing
Mailing Address
502 E Center Ave
City
Searcy State
AR Zip Code
72143
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
73.44
Transaction ID : 533a6d94-06f2-4077-8
Date of Disbursement or Obligation
07 / 28 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Elizabeth DeMaine
Mailing Address
75 Stephenson Ln
City
Sheridan State
AR Zip Code
72143
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
15.00
Transaction ID : c6ade50e-5be9-4d66-a
Date of Disbursement or Obligation
07 / 28 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 88.44
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature







**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Petrina Williams</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 28 / 2014
Mailing Address 3007 Darden Rd	Amount <span style="border: 1px solid black; padding: 2px;">22.20</span>
City Greensboro State NC Zip Code 27407	
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Lesley Lennox</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 28 / 2014
Mailing Address 2305 Cleary Ave	Amount <span style="border: 1px solid black; padding: 2px;">22.50</span>
City Metairie State LA Zip Code 70001	
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>
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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">44.70</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Lesley Lennox</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 28 / 2014</b>
Mailing Address 2305 Cleary Ave	Amount <b>1.50</b>
City State Zip Code Metairie LA 70001	<b>Transaction ID : a5cef280-e784-4551-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 28 / 2014</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>
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> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Lily Green</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 28 / 2014</b>
Mailing Address 205 Medallion Circle	Amount <b>70.00</b>
City State Zip Code Shreveport LA 71119	<b>Transaction ID : 526e96ce-2b18-4be0-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 28 / 2014</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>
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> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>71.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      **[Electronically Filed]**      Date **05 / 14 / 2015**

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: Lily Green
Mailing Address: 205 Medallion Circle
City: Shreveport, State: LA, Zip Code: 71119
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 26.10
Transaction ID: 2a54c0f3-f681-400b-b
Date of Disbursement or Obligation: 07/28/2014
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: 554635.78

Full Name of Payee: Theresa Burkhart
Mailing Address: 3126 Chester Ct
City: Metairie, State: LA, Zip Code: 70006
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 30.00
Transaction ID: 98aed291-8f09-446a-9
Date of Disbursement or Obligation: 07/28/2014
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: 554635.78

(a) SUBTOTAL of Itemized Independent Expenditures: 56.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015



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 Theresa Burkhart
Mailing Address 3126 Chester Ct
City Metairie State LA Zip Code 70006
Purpose of Expenditure Mileage Category/Type 002
Amount 5.49
Transaction ID : e04f1fa4-7b35-46fa-8
Date of Disbursement or Obligation 07/28/2014
Name of Federal Candidate Ms. Mary L Landrieu
Office Sought: Senate State: LA
Disbursement For: General 2014

Full Name of Payee Kenny Wallis
Mailing Address 6412 Osage Dr
City North Little rock State AR Zip Code 72116
Purpose of Expenditure Salary Category/Type 001
Amount 25.00
Transaction ID : fb5f792d-a587-4b9a-b
Date of Disbursement or Obligation 07/28/2014
Name of Federal Candidate Mr. Mark L Pryor
Office Sought: Senate State: AR
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 30.49
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 2px;">C</span> 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 <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 28 / 2014</b>	
Mailing Address 6412 Osage Dr		Amount <b>4.62</b>	
City North Little rock	State AR	Zip Code 72116	<b>Transaction ID : d69ceed9-1ff1-40f2-b</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 28 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Christine Stevens</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 28 / 2014</b>	
Mailing Address 100 Asbury Ct		Amount <b>70.00</b>	
City Winchester	State VA	Zip Code 22602	<b>Transaction ID : 0ae55272-7c37-4afa-a</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 28 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>74.62</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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
Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
70.00
Transaction ID : f941fc61-34a9-4d49-b
Date of Disbursement or Obligation
07 / 28 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate District: 00 State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Rze Culbreath
Mailing Address
100 Asbury Ct
City
Winchester State
VA Zip Code
22602
Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
60.00
Transaction ID : 8d7d0bbc-6c50-4edd-b
Date of Disbursement or Obligation
07 / 28 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate District: 00 State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 130.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
City Winchester State VA Zip Code 22602
Purpose of Expenditure
Salary Category/Type 001

Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
60.00
Transaction ID : 5966d21d-ba9f-41d0-a
Date of Disbursement or Obligation
07 / 28 / 2014

Name of Federal Candidate
Ms. Kay Hagan
Support Oppose
Office Sought: House Senate
District: 00 State: NC
Calendar Year-To-Date
Per Election for Office Sought 1095959.94

Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Cassidy Quartararo
Mailing Address
632 Cameron Court
City Kenner State LA Zip Code 70065
Purpose of Expenditure
Salary Category/Type 001

Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
30.00
Transaction ID : be5e2ea0-fb8b-48ac-9
Date of Disbursement or Obligation
07 / 28 / 2014

Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose
Office Sought: House Senate
District: 00 State: LA
Calendar Year-To-Date
Per Election for Office Sought 554635.78

Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 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 05 / 14 / 2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Christopher Marquess</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014
Mailing Address 110 W Pecan St	Amount 33.60
City State Zip Code Ville Platte LA 70586	<b>Transaction ID : 3543bd35-9f3c-4eaa-b</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Purpose of Expenditure Mileage	Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu	<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 554635.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Bradley K Kissinger</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2014
Mailing Address 3113 Imperial Valley Dr.	Amount 30.00
City State Zip Code Little Rock AR 72212	<b>Transaction ID : 3766844b-13f3-4dc8-9</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014
Purpose of Expenditure Salary	Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	63.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

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
Bradley K Kissinger
Mailing Address
3113 Imperial Valley Dr.
City
Little Rock State
AR Zip Code
72212
Purpose of Expenditure
Mileage Category/
Type 002

Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
6.00
Transaction ID : 8418e7d8-e474-4fb5-9
Date of Disbursement or Obligation
07 / 28 / 2014

Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Office Sought:
House
Senate
District: 00
State: AR

Disbursement For:
Primary
General
Other (specify)
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Full Name of Payee
Larry Freeman
Mailing Address
11214 Mesa drive
City
Little rock State
AR Zip Code
72211
Purpose of Expenditure
Salary Category/
Type 001

Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
70.00
Transaction ID : 1beefe9e-e14a-44f4-9
Date of Disbursement or Obligation
07 / 28 / 2014

Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Office Sought:
House
Senate
District: 00
State: AR

Disbursement For:
Primary
General
Other (specify)
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures: 76.00. Row (b) SUBTOTAL of Unitemized Independent Expenditures. Row (c) TOTAL Independent Expenditures.

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

Signature Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015

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
OBrian Price
Mailing Address 2400 Covenant Cove
City Little Rock State AR Zip Code 72204
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/28/2014
Amount 70.00
Transaction ID : b281c023-6b79-44a8-b
Date of Disbursement or Obligation 07/28/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
OBrian Price
Mailing Address 2400 Covenant Cove
City Little Rock State AR Zip Code 72204
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/28/2014
Amount 18.30
Transaction ID : 5e31540c-4b97-49f6-9
Date of Disbursement or Obligation 07/28/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 88.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Lisa Booth
Mailing Address
1434 South Avenue
City
Eden State
NC Zip Code
27288
Purpose of Expenditure
Salary Category/
Type 001

Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
90.00
Transaction ID : 4d4af9a9-90cf-4807-9
Date of Disbursement or Obligation
07 / 28 / 2014

Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose
Office Sought:
House
Senate
District: 00
State: NC

Disbursement For:
Primary
General
Other (specify)
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Full Name of Payee
Lisa Booth
Mailing Address
1434 South Avenue
City
Eden State
NC Zip Code
27288
Purpose of Expenditure
Mileage Category/
Type 002

Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
17.70
Transaction ID : 76283bf4-44da-497b-8
Date of Disbursement or Obligation
07 / 28 / 2014

Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose
Office Sought:
House
Senate
District: 00
State: NC

Disbursement For:
Primary
General
Other (specify)
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

(a) SUBTOTAL of Itemized Independent Expenditures 107.70
(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 05 / 14 / 2015
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
Caleb Craig
Mailing Address
1410 Bushville drive
City
Lenoir State
NC Zip Code
28645
Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
100.00
Transaction ID : 116608fe-c776-4cf3-b
Date of Disbursement or Obligation
07 / 28 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Office Sought: House District: 00
President Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Caleb Craig
Mailing Address
1410 Bushville drive
City
Lenoir State
NC Zip Code
28645
Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
14.10
Transaction ID : 08732aac-dbaf-49ea-9
Date of Disbursement or Obligation
07 / 28 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Office Sought: House District: 00
President Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 114.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature





**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Tabetha D Espenschied</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 28 / 2014</b>
Mailing Address 2002 East Park Ave Apt 40	Amount <b>60.00</b>
City State Zip Code <b>Searcy AR 72143</b>	Transaction ID : <b>8d441cc0-e92f-44a2-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 28 / 2014</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>
Name of Federal Candidate Mr. Mark L Pryor	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</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) ▶

292370.62

Full Name of Payee <b>Francis Richardson</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 28 / 2014</b>
Mailing Address 220 Doucet Rd	Amount <b>27.00</b>
City State Zip Code <b>Lafayette LA 70503</b>	Transaction ID : <b>3859661c-d02d-4a2e-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 28 / 2014</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>
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	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

554635.78

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>87.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

*Ms. Emily Buchanan*

*[Electronically Filed]*

Date **05 / 14 / 2015**

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
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/28/2014
Amount 75.00
Transaction ID : 39c95d8f-95cd-4bf9-b
Date of Disbursement or Obligation 07/28/2014
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 ERIC TABARY
Mailing Address 6101 NORA ST
City METAIRIE State LA Zip Code 70003
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/28/2014
Amount 1.20
Transaction ID : 1ea6f7f2-0f2c-4c95-b
Date of Disbursement or Obligation 07/28/2014
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 76.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Anthony Pearson
Mailing Address: 112 apache Dr
City: Search State: AR Zip Code: 72149
Purpose of Expenditure: Salary Category/Type: 001
Date of Public Distribution/Dissemination: 07/28/2014
Amount: 80.00
Transaction ID: 7b48e409-497f-44d3-8
Date of Disbursement or Obligation: 07/28/2014
Name of Federal Candidate: Mr. Mark L Pryor
Office Sought: Senate State: AR
Disbursement For: General

Full Name of Payee: Anthony Pearson
Mailing Address: 112 apache Dr
City: Search State: AR Zip Code: 72149
Purpose of Expenditure: Mileage Category/Type: 002
Date of Public Distribution/Dissemination: 07/28/2014
Amount: 34.80
Transaction ID: 8a0d0a35-344d-4f45-b
Date of Disbursement or Obligation: 07/28/2014
Name of Federal Candidate: Mr. Mark L Pryor
Office Sought: Senate State: AR
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 114.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Jeremy Hollar</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 28 / 2014</b>
Mailing Address 121 Meadowview Drive	Amount <b>60.00</b>
City State Zip Code <b>Boone NC 28607</b>	<b>Transaction ID : c061f63e-bb39-4d7e-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 28 / 2014</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jeremy Hollar</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 28 / 2014</b>
Mailing Address 121 Meadowview Drive	Amount <b>14.10</b>
City State Zip Code <b>Boone NC 28607</b>	<b>Transaction ID : c1827272-c8bb-4766-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 28 / 2014</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>74.10</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      [Electronically Filed]      Date **05 / 14 / 2015**

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: Carol L Walters
Mailing Address: 1900 Glen West Way
City: Fort Smith, State: AR, Zip Code: 72916
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/28/2014
Amount: 40.00
Transaction ID: d5eaafcf-01bf-470c-b
Name of Federal Candidate: Mr. Mark L Pryor, Office Sought: Senate, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: General 2014

Full Name of Payee: Carol L Walters
Mailing Address: 1900 Glen West Way
City: Fort Smith, State: AR, Zip Code: 72916
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/28/2014
Amount: 7.80
Transaction ID: 42cad377-ffdf-4438-8
Name of Federal Candidate: Mr. Mark L Pryor, Office Sought: Senate, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 47.80
(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 05/14/2015
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 Benjamin Hernandez
Mailing Address 915 E Market Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/28/2014
Amount 80.00
Transaction ID : 3f6142ba-14d1-46ef-b
Date of Disbursement or Obligation 07/28/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Benjamin Hernandez
Mailing Address 915 E Market Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/28/2014
Amount 34.80
Transaction ID : 5a42fa5d-08ad-4bc5-8
Date of Disbursement or Obligation 07/28/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 114.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Elizabeth Hanks</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 28 / 2014
Mailing Address 891 W. Melmar	Amount <span style="border: 1px solid black; padding: 2px;">30.00</span>
City Fayetteville State AR Zip Code 72703	<b>Transaction ID : fd84c245-0642-4832-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 28 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Mr. Mark L Pryor <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: AR
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Elizabeth Hanks</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 28 / 2014
Mailing Address 891 W. Melmar	Amount <span style="border: 1px solid black; padding: 2px;">6.30</span>
City Fayetteville State AR Zip Code 72703	<b>Transaction ID : 79d56608-c4ba-41ad-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 28 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Mr. Mark L Pryor <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: AR
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">36.30</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

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
Tarrin Lesaicherre
Mailing Address
629 Radiance Ave
City
Metairie State
LA Zip Code
70001
Purpose of Expenditure
Salary Category/
Type
001

Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
70.00
Transaction ID : f21fed19-b31f-4d46-a
Date of Disbursement or Obligation
07 / 28 / 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
Tarrin Lesaicherre
Mailing Address
629 Radiance Ave
City
Metairie State
LA Zip Code
70001
Purpose of Expenditure
Mileage Category/
Type
002

Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
5.10
Transaction ID : d04867d0-14e2-4c7b-a
Date of Disbursement or Obligation
07 / 28 / 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..... 75.10
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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: Lee R Carter
Mailing Address: 3110 Brentwood Rd
City: Raleigh, State: NC, Zip Code: 27604
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/28/2014
Amount: 50.00
Transaction ID: 98ae4564-c005-40f2-9
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Lee R Carter
Mailing Address: 3110 Brentwood Rd
City: Raleigh, State: NC, Zip Code: 27604
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/28/2014
Amount: 4.80
Transaction ID: 6441c4df-48a9-4b88-b
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 54.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Jeffrey Hampton
Mailing Address
1700 E Part Ave
City
Searcy State
AR Zip Code
72149
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
77.50
Transaction ID : 155a528a-2d71-4267-9
Date of Disbursement or Obligation
07 / 28 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Jeffrey Hampton
Mailing Address
1700 E Part Ave
City
Searcy State
AR Zip Code
72149
Purpose of Expenditure
Mileage Category/Type
002
Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
94.02
Transaction ID : 0b8ee82b-d8b7-430f-a
Date of Disbursement or Obligation
07 / 28 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 171.52
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Danielle Landry
Mailing Address
1089 Oleste Tauzin Road
City
Breux Bridge State
LA Zip Code
70517
Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
35.00
Transaction ID : 762b2464-70f1-4067-a
Date of Disbursement or Obligation
07 / 28 / 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
554635.78
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Danielle Landry
Mailing Address
1089 Oleste Tauzin Road
City
Breux Bridge State
LA Zip Code
70517
Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
8.40
Transaction ID : 56270f37-7df2-4c0a-b
Date of Disbursement or Obligation
07 / 28 / 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
554635.78
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 43.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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 Sharon Lloyd
Mailing Address 4301 Lankford
City Springdale State AR Zip Code 72762
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/28/2014
Amount 27.50
Transaction ID : 55e27223-cf52-426b-8
Date of Disbursement or Obligation 07/28/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

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 07/28/2014
Amount 85.00
Transaction ID : d5d8d914-5049-4b72-a
Date of Disbursement or Obligation 07/28/2014
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 554635.78
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 112.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Tammay Williams
Mailing Address
924 N. Prieur St
City
New Orleans State
LA Zip Code
70116
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
18.00
Transaction ID : 6ffc32a9-4de5-4607-a
Date of Disbursement or Obligation
07 / 28 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Luke T Waltermire
Mailing Address
107 S Grist Mill Rd
City
Hampstead State
NC Zip Code
28443
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
27.00
Transaction ID : 11d6a8e2-445a-4fd4-a
Date of Disbursement or Obligation
07 / 29 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 45.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature





**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Christine B Long</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 3121 Charleycote Dr		Amount <input type="text"/>
City Raleigh	State NC	Zip Code 27614
Purpose of Expenditure Mileage		Transaction ID : 00be3713-6e22-43b2-9 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Category/Type	<input type="text"/>	<input type="text"/>
Name of Federal Candidate Ms. Kay Hagan	<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: NC
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) ▶
		<input type="text"/>

Full Name of Payee <b>James Kindstedt</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 5510 Dogwood Dr		Amount <input type="text"/>
City Winston Salem	State NC	Zip Code 27105
Purpose of Expenditure Salary		Transaction ID : 246bdd2e-7266-4e53-a Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Category/Type	<input type="text"/>	<input type="text"/>
Name of Federal Candidate Ms. Kay Hagan	<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: NC
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) ▶
		<input type="text"/>

(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) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>James Kindstedt</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 29 / 2014</b>	
Mailing Address 5510 Dogwood Dr		Amount <b>6.69</b>	
City Winston Salem	State NC	Zip Code 27105	<b>Transaction ID : 8e3a5d8a-7eec-46e8-9</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 29 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Joanna Kindstedt</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 29 / 2014</b>	
Mailing Address 2134 Tobaccoville Rd		Amount <b>30.00</b>	
City Rural Hall	State NC	Zip Code 27045	<b>Transaction ID : c87fb634-83f6-411b-8</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 29 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>36.69</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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 M Stevens
Mailing Address
1691 Fork Mtn Rd
City
Bakersville State
NC Zip Code
28705
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
50.00
Transaction ID : d61f0852-bb90-4333-8
Date of Disbursement or Obligation
07 / 29 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Virginia M Stevens
Mailing Address
1691 Fork Mtn Rd
City
Bakersville State
NC Zip Code
28705
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
22.80
Transaction ID : d5d39e3c-3d5d-403f-a
Date of Disbursement or Obligation
07 / 29 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 72.80
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Anthony Buchanan</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 29 / 2014</b>
Mailing Address 1090 McHone Rd	Amount <b>70.00</b>
City Spruce Pine	State NC
Zip Code 28777	<b>Transaction ID : cf70a825-a0dd-42ce-a</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 29 / 2014</b>
Category/Type <b>001</b>	Name of Federal Candidate Ms. Kay Hagan
<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jennie Butler</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 29 / 2014</b>
Mailing Address 1676 Shady Creek Rd	Amount <b>36.60</b>
City Ayden	State NC
Zip Code 28513	<b>Transaction ID : c1e1cb07-96b9-455f-a</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 29 / 2014</b>
Category/Type <b>001</b>	Name of Federal Candidate Ms. Kay Hagan
<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>106.60</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> 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 <b>Jennie Butler</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014
Mailing Address    1676 Shady Creek Rd	Amount 12.42
City                                  State                                  Zip Code Ayden    NC    28513	<b>Transaction ID : 135d030f-948a-4fc7-b</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Purpose of Expenditure Mileage                                  Category/Type    002	Name of Federal Candidate Ms. Kay Hagan <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought    1095959.94	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Gabriella E Hansen</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2014
Mailing Address    310 West Meath Drive	Amount 20.00
City                                  State                                  Zip Code Winterville    NC    28590	<b>Transaction ID : 925b4f72-c84d-4238-a</b> Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Purpose of Expenditure Salary                                  Category/Type    001	Name of Federal Candidate Ms. Kay Hagan <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought    1095959.94	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	32.42
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	[Empty Field]
<b>(c) TOTAL</b> Independent Expenditures..... ▶	[Empty Field]

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
 05 / 14 / 2015  
 \_\_\_\_\_  
 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: David Ford
Mailing Address: 106 Hillside St
City: Spindale, State: NC, Zip Code: 28160
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 47.50
Transaction ID: f17d2613-d889-4a72-b
Date of Disbursement or Obligation: 07/29/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

Full Name of Payee: David Ford
Mailing Address: 106 Hillside St
City: Spindale, State: NC, Zip Code: 28160
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 5.94
Transaction ID: 3f6e7a62-3925-4e42-9
Date of Disbursement or Obligation: 07/29/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 53.44
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Kassidy L Tyer</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 29 / 2014</b>
Mailing Address 41 Hawk Hollow Trail	Amount <b>40.00</b>
City Burgaw	State NC
Zip Code 28425	<b>Transaction ID : d8654634-4ed6-48d7-b</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 29 / 2014</b>
Category/Type <b>001</b>	Name of Federal Candidate Ms. Kay Hagan
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Kassidy L Tyer</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 29 / 2014</b>
Mailing Address 41 Hawk Hollow Trail	Amount <b>15.30</b>
City Burgaw	State NC
Zip Code 28425	<b>Transaction ID : b1ba29fd-1554-48ad-9</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 29 / 2014</b>
Category/Type <b>002</b>	Name of Federal Candidate Ms. Kay Hagan
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>55.30</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**



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
Casey Stockton

Date of Public Distribution/Dissemination
07 / 29 / 2014

Mailing Address
105 South Dale St

Amount
70.00
Transaction ID : ff1eb515-6280-416f-b

City State Zip Code
Spruce Pine NC 28777

Date of Disbursement or Obligation
07 / 29 / 2014

Purpose of Expenditure Category/Type
Salary 001

Name of Federal Candidate
Ms. Kay Hagan
Support Oppose

Office Sought: House District: 00
Senate State: NC

Calendar Year-To-Date Per Election for Office Sought
1095959.94

Disbursement For: Primary General
2014

Full Name of Payee
Casey Stockton

Date of Public Distribution/Dissemination
07 / 29 / 2014

Mailing Address
105 South Dale St

Amount
27.30
Transaction ID : b022aa73-8bf5-4cf7-b

City State Zip Code
Spruce Pine NC 28777

Date of Disbursement or Obligation
07 / 29 / 2014

Purpose of Expenditure Category/Type
Mileage 002

Name of Federal Candidate
Ms. Kay Hagan
Support Oppose

Office Sought: House District: 00
Senate State: NC

Calendar Year-To-Date Per Election for Office Sought
1095959.94

Disbursement For: Primary General
2014

(a) SUBTOTAL of Itemized Independent Expenditures 97.30

(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 05 / 14 / 2015

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Mary Johnson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 29 / 2014</b>	
Mailing Address 105 South Dale St		Amount <b>70.00</b>	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : <b>95686d01-8150-41d0-b</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 29 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Mary Johnson</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 29 / 2014</b>	
Mailing Address 105 South Dale St		Amount <b>70.00</b>	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : <b>c8da9891-c698-44e3-a</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 29 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>140.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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: Matt Gleb
Mailing Address: 3815 Robin Road
City: Ayden, State: NC, Zip Code: 28513
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 30.00
Transaction ID: 1bc46b4a-dc63-47fa-8
Date of Disbursement or Obligation: 07/29/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: House [ ], Senate [X], District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: Primary [ ], General [X], Other [ ]

Full Name of Payee: Matt Gleb
Mailing Address: 3815 Robin Road
City: Ayden, State: NC, Zip Code: 28513
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 15.90
Transaction ID: 9fec8a4f-7dd2-46ae-a
Date of Disbursement or Obligation: 07/29/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: House [ ], Senate [X], District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: Primary [ ], General [X], Other [ ]

(a) SUBTOTAL of Itemized Independent Expenditures..... 45.90
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Brooke Graphia
Mailing Address
2306 Brownlee Rd.
City
Bossier City State
LA Zip Code
71111
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
07 / 27 / 2014
Amount
10.00
Transaction ID : 93b1b9ff-1dd7-4391-8
Date of Disbursement or Obligation
07 / 27 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
General 2014

Full Name of Payee
Brooke Graphia
Mailing Address
2306 Brownlee Rd.
City
Bossier City State
LA Zip Code
71111
Purpose of Expenditure
Mileage Category/Type
002
Date of Public Distribution/Dissemination
07 / 27 / 2014
Amount
1.23
Transaction ID : b3865483-21f2-4f44-a
Date of Disbursement or Obligation
07 / 27 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
General 2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 11.23
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Malinda Ledford</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 29 / 2014</b>
Mailing Address 44 Bell Street Ext	Amount <b>50.00</b>
City Spruce Pine	State NC
Zip Code 28777	<b>Transaction ID : 5fb2469-143a-49de-9</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 29 / 2014</b>
Category/Type <b>001</b>	
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Malinda Ledford</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 29 / 2014</b>
Mailing Address 44 Bell Street Ext	Amount <b>25.20</b>
City Spruce Pine	State NC
Zip Code 28777	<b>Transaction ID : b08080cf-75ac-4b5c-9</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 29 / 2014</b>
Category/Type <b>002</b>	
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>75.20</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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: Allie Butler
Mailing Address: 1676 Shady Creek Rd
City: Ayden, State: NC, Zip Code: 28513
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 35.00
Transaction ID: 430ca7c5-f435-4c8e-9
Date of Disbursement or Obligation: 07/29/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Allie Butler
Mailing Address: 1676 Shady Creek Rd
City: Ayden, State: NC, Zip Code: 28513
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 7.53
Transaction ID: 9c8a2d4c-10f6-434c-8
Date of Disbursement or Obligation: 07/29/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 42.53
(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: 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 0 2px;">C</span> 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 <b>Jennie Butler</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 29 / 2014</b>	
Mailing Address 1676 Shady Creek Rd		Amount <b>10.00</b>	
City Ayden	State NC	Zip Code 28513	<b>Transaction ID : acb8493f-18d6-49ac-b</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 29 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Emily Butler</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 29 / 2014</b>	
Mailing Address 1676 Shady Creek Rd		Amount <b>36.60</b>	
City Ayden	State NC	Zip Code 28513	<b>Transaction ID : 46d1d837-f2fd-4f63-8</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 29 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>46.60</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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
Emily Butler
Mailing Address
1676 Shady Creek Rd
City
Ayden State
NC Zip Code
28513
Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
7.53
Transaction ID : 4896db76-9a4b-4ecc-b
Date of Disbursement or Obligation
07 / 29 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Antoinette Franklin
Mailing Address
8822 Apple St
City
New Orleans State
LA Zip Code
70188
Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
45.00
Transaction ID : d54baa0f-7db0-4f0b-9
Date of Disbursement or Obligation
07 / 29 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Mary L Landrieu Support Oppose
Office Sought: House Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 52.53
(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 05 / 14 / 2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; border: 1px solid black; padding: 0 2px;">C</span> 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 <b>Brittany Jones</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 29 / 2014</b>	
Mailing Address 338 Wayne Drive		Amount <b>10.00</b>	
City Shreveport	State LA	Zip Code 71105	<b>Transaction ID : fe5616a4-fe26-490e-b</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 29 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Brittany Jones</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 29 / 2014</b>	
Mailing Address 338 Wayne Drive		Amount <b>1.80</b>	
City Shreveport	State LA	Zip Code 71105	<b>Transaction ID : 2532d3f0-2607-4fde-9</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 29 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>11.80</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
<b>(c) TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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: Morgan R Padgett
Mailing Address: 2164 Kay Rd
City: Greenville, State: NC, Zip Code: 27858
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 20.00
Transaction ID: 25e3c9ea-48f5-48aa-a
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: General 2014

Full Name of Payee: Morgan R Padgett
Mailing Address: 2164 Kay Rd
City: Greenville, State: NC, Zip Code: 27858
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 7.20
Transaction ID: 2b3bf0ff-3216-44bd-a
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 27.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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 Jonathan Bowman
Mailing Address 148 Pratt Road
City Eden State NC Zip Code 27288
Date of Public Distribution/Dissemination 07/29/2014
Amount 25.00
Transaction ID : dbaf98ca-8a3e-46ae-8
Purpose of Expenditure Salary Category/Type 001
Date of Disbursement or Obligation 07/29/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Jonathan Bowman
Mailing Address 148 Pratt Road
City Eden State NC Zip Code 27288
Date of Public Distribution/Dissemination 07/29/2014
Amount 3.90
Transaction ID : edd24ae9-bd67-4166-8
Purpose of Expenditure Mileage Category/Type 002
Date of Disbursement or Obligation 07/29/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 28.90
(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 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.5em; font-weight: bold; border: 1px solid black;">C</span> C00530766             </div>
---	---

Check if  24-hour report  48-hour report  New report  Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee <b>Solveig Lysne</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em;">07</span> / <span style="font-size: 1.2em;">29</span> / <span style="font-size: 1.2em;">2014</span> </div>
Mailing Address <b>7121 Oyster Lane</b>	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">                     24.30                 </div>
City <b>Wilmington</b> State <b>NC</b> Zip Code <b>28411</b>	<b>Transaction ID : 8aafe854-4cca-426e-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em;">07</span> / <span style="font-size: 1.2em;">29</span> / <span style="font-size: 1.2em;">2014</span> </div>
Purpose of Expenditure <b>Salary</b> Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Name of Federal Candidate <b>Ms. Kay Hagan</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">                     1095959.94                 </div>	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Solveig Lysne</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em;">07</span> / <span style="font-size: 1.2em;">29</span> / <span style="font-size: 1.2em;">2014</span> </div>
Mailing Address <b>7121 Oyster Lane</b>	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">                     3.18                 </div>
City <b>Wilmington</b> State <b>NC</b> Zip Code <b>28411</b>	<b>Transaction ID : 38ffb0d6-6551-4fbe-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em;">07</span> / <span style="font-size: 1.2em;">29</span> / <span style="font-size: 1.2em;">2014</span> </div>
Purpose of Expenditure <b>Mileage</b> Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Name of Federal Candidate <b>Ms. Kay Hagan</b> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">                     1095959.94                 </div>	Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	27.48
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>	
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 <b>Ms. Chassidy Menard</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 29 / 2014</b>	
Mailing Address 515 Walter Dr.		Amount <b>65.00</b>	
City Lafayette	State LA	Zip Code 70507	Transaction ID : <b>9c582242-9bb3-4d98-a</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 <b>07 / 29 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Ms. Chassidy Menard</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 29 / 2014</b>	
Mailing Address 515 Walter Dr.		Amount <b>6.60</b>	
City Lafayette	State LA	Zip Code 70507	Transaction ID : <b>9d350226-94c4-4e33-b</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 <b>07 / 29 / 2014</b>	
Name of Federal Candidate Ms. Mary L Landrieu	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>71.60</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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: Barbara E Spritz
Mailing Address: 3346 Durham St Ext
City: Burlington, State: NC, Zip Code: 27217
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 65.00
Transaction ID: bb35df9c-6512-4621-b
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Barbara E Spritz
Mailing Address: 3346 Durham St Ext
City: Burlington, State: NC, Zip Code: 27217
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 3.30
Transaction ID: 91869e97-153e-4441-9
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 68.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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 Grau
Mailing Address: 2328 Caplis Sligo Rd
City: Bossier City, State: LA, Zip Code: 71112
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 40.00
Transaction ID: 8104be6f-8370-45ff-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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Christopher L Grau
Mailing Address: 2328 Caplis Sligo Rd
City: Bossier City, State: LA, Zip Code: 71112
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 13.50
Transaction ID: bdeb9a52-d005-4c43-9
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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 53.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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 Felice Barrett
Mailing Address 1588 Asbury
City Springdale State AR Zip Code 72762
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/29/2014
Amount 20.00
Transaction ID : 5b01ab6b-a139-4385-9
Date of Disbursement or Obligation 07/29/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Felice Barrett
Mailing Address 1588 Asbury
City Springdale State AR Zip Code 72762
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/29/2014
Amount 8.70
Transaction ID : f293bb74-4a09-44f5-b
Date of Disbursement or Obligation 07/29/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 28.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Mr. Alex Peyton
Mailing Address: 859 Hicks Rd
City: Washington, State: LA, Zip Code: 70589
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 50.00
Transaction ID: ddc27af8-a275-4cad-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: 554635.78
Disbursement For: [ ] Primary, [X] General 2014, [ ] Other (specify)

Full Name of Payee: Mr. Alex Peyton
Mailing Address: 859 Hicks Rd
City: Washington, State: LA, Zip Code: 70589
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 34.50
Transaction ID: a66c5c29-c8ef-4b89-8
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: 554635.78
Disbursement For: [ ] Primary, [X] 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 05/14/2015
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
Theresa A Touchet
Mailing Address
102 French Street #3
City
New Orleans State
LA Zip Code
70124
Purpose of Expenditure
Salary Category/
Type
001
Name of Federal Candidate
Ms. Mary L Landrieu
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
22.50
Transaction ID : 979b9567-d90e-4a84-a
Date of Disbursement or Obligation
07 / 29 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Theresa A Touchet
Mailing Address
102 French Street #3
City
New Orleans State
LA Zip Code
70124
Purpose of Expenditure
Mileage Category/
Type
002
Name of Federal Candidate
Ms. Mary L Landrieu
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
1.20
Transaction ID : 6ad8bd09-b196-42f3-a
Date of Disbursement or Obligation
07 / 29 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 23.70
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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
Caleb Craig
Mailing Address
1410 Bushville drive
City
Lenoir State
NC Zip Code
28645
Purpose of Expenditure
Salary Category/
Type
001

Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
100.00
Transaction ID : 7b6bf0ab-6b95-422b-9
Date of Disbursement or Obligation
07 / 29 / 2014

Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose
Office Sought:
House
Senate
District: 00
State: NC

Disbursement For:
Primary
General
2014
Other (specify)

Full Name of Payee
Caleb Craig
Mailing Address
1410 Bushville drive
City
Lenoir State
NC Zip Code
28645
Purpose of Expenditure
Mileage Category/
Type
002

Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
9.90
Transaction ID : f8bc735-a68a-4bbc-9
Date of Disbursement or Obligation
07 / 29 / 2014

Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose
Office Sought:
House
Senate
District: 00
State: NC

Disbursement For:
Primary
General
2014
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 109.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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 Brian Saltzler
Mailing Address 601 S College Road
City Wilmington State NC Zip Code 28403
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/29/2014
Amount 37.50
Transaction ID : 00f71827-6183-4da3-9
Date of Disbursement or Obligation 07/29/2014
Name of Federal Candidate Ms. Kay Hagan
Office Sought: Senate State: NC
Disbursement For: General 2014

Full Name of Payee Brian Saltzler
Mailing Address 601 S College Road
City Wilmington State NC Zip Code 28403
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/29/2014
Amount 3.60
Transaction ID : 6b79b5f0-ef8c-48eb-8
Date of Disbursement or Obligation 07/29/2014
Name of Federal Candidate Ms. Kay Hagan
Office Sought: Senate State: NC
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 41.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Peter Sahuc</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 29 / 2014</b>
Mailing Address 107 Phillip Ave	Amount <b>30.00</b>
City State Zip Code <b>Lafayette LA 70503</b>	<b>Transaction ID : f0924ab5-5659-4e28-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 29 / 2014</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>
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 <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Peter Sahuc</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 29 / 2014</b>
Mailing Address 107 Phillip Ave	Amount <b>1.14</b>
City State Zip Code <b>Lafayette LA 70503</b>	<b>Transaction ID : 6d99f96d-0644-4116-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 29 / 2014</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>
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 <b>554635.78</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>31.14</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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: Carmen Maddrey
Mailing Address: 2043 Nottingham Ln
City: Burlington, State: NC, Zip Code: 27215
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 70.00
Transaction ID: 64aae63c-a08a-40c3-b
Date of Disbursement or Obligation: 07/29/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

Full Name of Payee: Carmen Maddrey
Mailing Address: 2043 Nottingham Ln
City: Burlington, State: NC, Zip Code: 27215
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 4.20
Transaction ID: e90551c0-8ce6-414f-9
Date of Disbursement or Obligation: 07/29/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 74.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
OBrian Price
Mailing Address
2400 Covenant Cove
City
Little Rock State
AR Zip Code
72204
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
65.00
Transaction ID : a53c62fa-1d28-4310-8
Date of Disbursement or Obligation
07 / 29 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Office Sought:
House District: 00
President Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
OBrian Price
Mailing Address
2400 Covenant Cove
City
Little Rock State
AR Zip Code
72204
Purpose of Expenditure
Mileage Category/Type
002
Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
18.00
Transaction ID : 389ecc4e-7321-449f-8
Date of Disbursement or Obligation
07 / 29 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Office Sought:
House District: 00
President Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 83.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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
Nathan D Wirebaugh
Mailing Address
7320 Red Maple Dr
City
Holland State
OH Zip Code
43528
Purpose of Expenditure
Salary Category/
Type 001

Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
20.00
Transaction ID : 25d84a1d-a3a6-44fa-9
Date of Disbursement or Obligation
07 / 29 / 2014

Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose
Office Sought:
House
Senate
District: 00
State: NC

Disbursement For:
Primary
General
Other (specify)
2014

Full Name of Payee
Brooke Graphia
Mailing Address
2306 Brownlee Rd.
City
Bossier City State
LA Zip Code
71111
Purpose of Expenditure
Salary Category/
Type 001

Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
15.00
Transaction ID : 78f90d3d-9419-4314-8
Date of Disbursement or Obligation
07 / 29 / 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..... 35.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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: Brooke Graphia
Mailing Address: 2306 Brownlee Rd.
City: Bossier City, State: LA, Zip Code: 71111
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 2.01
Transaction ID: 231c25c2-52ac-4e4f-a
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, State: LA
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Theresa Burkhart
Mailing Address: 3126 Chester Ct
City: Metairie, State: LA, Zip Code: 70006
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 60.00
Transaction ID: edcb08d1-9419-41ef-9
Name of Federal Candidate: Ms. Mary L Landrieu, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, State: LA
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 62.01
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Theresa Burkhart</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 29 / 2014
Mailing Address 3126 Chester Ct	Amount <span style="border: 1px solid black; padding: 2px;">11.01</span>
City Metairie State LA Zip Code 70006	<b>Transaction ID : 8f9d0c92-2a3e-412f-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 29 / 2014
Purpose of Expenditure Mileage Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Ky Broussard</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 29 / 2014
Mailing Address 301 N Cedar Street	Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>
City Abbeville State LA Zip Code 70510	<b>Transaction ID : 894b673e-9463-42b2-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 29 / 2014
Purpose of Expenditure Salary Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">51.01</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

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: Ky Broussard
Mailing Address: 301 N Cedar Street
City: Abbeville, State: LA, Zip Code: 70510
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 13.50
Transaction ID: 44ca352d-c77c-4cd9-a
Date of Disbursement or Obligation: 07/29/2014
Name of Federal Candidate: Ms. Mary L Landriau
Office Sought: Senate, State: LA
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 554635.78

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
Amount: 80.00
Transaction ID: af9a7a70-e344-4b4a-a
Date of Disbursement or Obligation: 07/29/2014
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate, State: NC
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 1095959.94

(a) SUBTOTAL of Itemized Independent Expenditures: 93.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
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: Corey Miller
Mailing Address: 8617 Riley Hills Rd
City: Zebulon, State: NC, Zip Code: 27597
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 20.00
Transaction ID: c51ce5e3-44ff-404f-9
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General 2014, [ ] Other (specify)

Full Name of Payee: Corey Miller
Mailing Address: 8617 Riley Hills Rd
City: Zebulon, State: NC, Zip Code: 27597
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 12.00
Transaction ID: ef02f2cf-4118-460f-8
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 32.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Barbara A Williams
Mailing Address
3002 Darden Rd
Apt A
City Greensboro State NC Zip Code 27407
Purpose of Expenditure
Salary Category/Type 001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
100.00
Transaction ID : f75b2860-d11e-4970-9
Date of Disbursement or Obligation
07 / 29 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General 2014
Other (specify)

Full Name of Payee
Cynthia Stewart
Mailing Address
3001 Pendell Lane
City Ft. Smith State AR Zip Code 72901
Purpose of Expenditure
Salary Category/Type 001
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 292370.62

Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
40.00
Transaction ID : b67c2eff-6fc3-4982-a
Date of Disbursement or Obligation
07 / 29 / 2014
Office Sought: House District: 00
President Senate State: AR
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 05 / 14 / 2015
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 Stewart
Mailing Address
3001 Pendell Lane
City
Ft. Smith State
AR Zip Code
72901
Purpose of Expenditure
Mileage Category/
Type 002

Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
3.00
Transaction ID : 11f7700e-66ee-4886-a
Date of Disbursement or Obligation
07 / 29 / 2014

Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Office Sought:
House
Senate
District: 00
State: AR

Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Phillip Williams
Mailing Address
3007 Darden Rd
City
Greensboro State
NC Zip Code
27407
Purpose of Expenditure
Salary Category/
Type 001

Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
80.00
Transaction ID : ed629b34-7cb9-4b30-9
Date of Disbursement or Obligation
07 / 29 / 2014

Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose
Office Sought:
House
Senate
District: 00
State: NC

Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 83.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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
Phillip Williams
Mailing Address
3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure
Mileage Category/Type 002
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
22.80
Transaction ID : 1600377a-259e-4fd3-a
Date of Disbursement or Obligation
07 / 29 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General 2014
Other (specify)

Full Name of Payee
Joseph P Thierfelder
Previously filed under the name Pthierfelder
Mailing Address
2411 Armstrong
City Gastonia State NC Zip Code 28054
Purpose of Expenditure
Salary Category/Type 001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
85.00
Transaction ID : 2b087533-0051-42be-a
Date of Disbursement or Obligation
07 / 29 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General 2014
Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 107.80, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures

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

Signature Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; border: 1px solid black; padding: 0 5px;">C</span> 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 <b>Beverly Williams</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">07</span> / <span style="border: 1px solid black; padding: 0 5px;">29</span> / <span style="border: 1px solid black; padding: 0 5px;">2014</span> </div>
Mailing Address    3007 Darden Rd	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">80.00</span> </div>
City                                  State                                  Zip Code Greensboro                                  NC                                  27407	Transaction ID : <b>e94688b2-4b80-40b5-9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">07</span> / <span style="border: 1px solid black; padding: 0 5px;">29</span> / <span style="border: 1px solid black; padding: 0 5px;">2014</span> </div>
Purpose of Expenditure Salary                                  Category/Type <span style="border: 1px solid black; padding: 0 5px;">001</span>	Name of Federal Candidate <input type="checkbox"/> Support                                  Office Sought: <input type="checkbox"/> House    District: <u>00</u> Ms. Kay Hagan <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">1095959.94</span> </span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Thomas Sisk</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">07</span> / <span style="border: 1px solid black; padding: 0 5px;">29</span> / <span style="border: 1px solid black; padding: 0 5px;">2014</span> </div>
Mailing Address    3625 Chapelwood Drive	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">30.00</span> </div>
City                                  State                                  Zip Code Gastonia                                  NC                                  28025	Transaction ID : <b>e559d84d-1943-45c2-a</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">07</span> / <span style="border: 1px solid black; padding: 0 5px;">29</span> / <span style="border: 1px solid black; padding: 0 5px;">2014</span> </div>
Purpose of Expenditure Salary                                  Category/Type <span style="border: 1px solid black; padding: 0 5px;">001</span>	Name of Federal Candidate <input type="checkbox"/> Support                                  Office Sought: <input type="checkbox"/> House    District: <u>00</u> Ms. Kay Hagan <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">1095959.94</span> </span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">110.00</span> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;"> </span> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;"> </span> </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                                  *[Electronically Filed]*                                  Date 
05 / 14 / 2015
  
 \_\_\_\_\_  
 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: Marysol Netro
Mailing Address: 312 S Gunter St
City: Siloam Springs, State: AR, Zip Code: 72761
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 3.00
Transaction ID: d030abdd-3e6b-4bb6-b
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Trent C Oelschlaeger
Mailing Address: 18710 Strawberry Plant Road
City: Fayetteville, State: AR, Zip Code: 72704
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 25.00
Transaction ID: dad1de06-39b9-4daf-b
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 28.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y Y								

Full Name of Payee <b>Trent C Oelschlaeger</b>			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 29 / 2014</b>		
Mailing Address 18710 Strawberry Plant Road			Amount <b>14.10</b> <b>Transaction ID : 13668bae-788b-434d-b</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 29 / 2014</b>		
City Fayetteville	State AR	Zip Code 72704			
Purpose of Expenditure Mileage	Category/Type <b>002</b>				
Name of Federal Candidate Mr. Mark L Pryor		<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>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Lisa Booth</b>			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 29 / 2014</b>		
Mailing Address 1434 South Avenue			Amount <b>80.00</b> <b>Transaction ID : 6646d704-9b2d-4d4b-a</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 29 / 2014</b>		
City Eden	State NC	Zip Code 27288			
Purpose of Expenditure Salary	Category/Type <b>001</b>				
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>94.10</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**





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
Lily Green
Mailing Address
205 Medallion Circle
City
Shreveport State
LA Zip Code
71119
Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
21.90
Transaction ID : d8b3dae0-a1b1-48a5-a
Date of Disbursement or Obligation
07 / 29 / 2014
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose Office Sought:
House Senate State:
LA
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Tylan S Green
Mailing Address
2320 Saint Nick Dr
City
New Orleans State
LA Zip Code
70131
Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
60.00
Transaction ID : 9ecb43f5-68da-4d9f-9
Date of Disbursement or Obligation
07 / 29 / 2014
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose Office Sought:
House Senate State:
NC
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 81.90
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Lorri Anderson</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 29 / 2014</b>
Mailing Address 7214 Duchamp Dr	Amount <b>30.00</b>
City Charlotte	State NC
Zip Code 23215	<b>Transaction ID : e0212f9d-7b35-4bde-a</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 29 / 2014</b>
Category/Type <b>001</b>	
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Lorri Anderson</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 29 / 2014</b>
Mailing Address 7214 Duchamp Dr	Amount <b>11.10</b>
City Charlotte	State NC
Zip Code 23215	<b>Transaction ID : 6465b3ab-565b-42f2-8</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 29 / 2014</b>
Category/Type <b>002</b>	
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>41.10</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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 Laura U Logie	Date of Public Distribution/Dissemination 07 / 29 / 2014
Mailing Address 2565 Shire Circle	Amount 20.00
City Harrisonburg	State VA
Zip Code 22801	Transaction ID : ce6558a8-09eb-4816-b
Purpose of Expenditure Salary	Date of Disbursement or Obligation 07 / 29 / 2014
Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>	
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)
1095959.94	

Full Name of Payee Earl Stewart	Date of Public Distribution/Dissemination 07 / 29 / 2014
Mailing Address 9455 Snow Camp Road	Amount 85.00
City Snowcamp	State NC
Zip Code 27349	Transaction ID : 10dd5c78-bddc-4edc-a
Purpose of Expenditure Salary	Date of Disbursement or Obligation 07 / 29 / 2014
Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>	
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)
1095959.94	

(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*  
Signature

[Electronically Filed]

Date 05 / 14 / 2015



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
Alexa S Dudley
Mailing Address
4367 Splitlog Rd
City
Goodman State
MO Zip Code
64843
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
24.00
Transaction ID : 79a57da3-3f05-4a4e-a
Date of Disbursement or Obligation
07 / 29 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Sarinda S Dudley
Mailing Address
4367 Splitlog Rd
City
Goodman State
MO Zip Code
64843
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
25.00
Transaction ID : 2baca4aa-2915-4ab1-8
Date of Disbursement or Obligation
07 / 29 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 49.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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: 07/29/2014
Amount: 50.00
Transaction ID: 0ea88c33-68ca-4b52-b
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
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: 07/29/2014
Amount: 32.40
Transaction ID: c85471a7-cec4-44a7-a
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 82.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Christine Stevens</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 29 / 2014</b>
Mailing Address 100 Asbury Ct		Amount <b>70.00</b>
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/Type <b>001</b>	Transaction ID : <b>10251d29-1fd8-4def-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 29 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jon E Conner</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 29 / 2014</b>
Mailing Address 100 Asbury Ct		Amount <b>50.00</b>
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/Type <b>001</b>	Transaction ID : <b>6ce1a704-869a-4332-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 29 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>120.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
80.00
Transaction ID : d2ac5b98-3796-4ad8-a
Date of Disbursement or Obligation
07 / 29 / 2014
Office Sought:
House District: 00
Senate State: NC
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. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
70.00
Transaction ID : 8e5905a8-aa2d-47e1-8
Date of Disbursement or Obligation
07 / 29 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 150.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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
Rze 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. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
70.00
Transaction ID : 059173a8-bae3-4220-a
Date of Disbursement or Obligation
07 / 29 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Jonathan Odette
Mailing Address
9600 Earpsboro Chamblee Road
City
Wendell State
NC Zip Code
27591
Purpose of Expenditure
Salary Category/
Type
001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
20.00
Transaction ID : 93214d64-4330-491c-a
Date of Disbursement or Obligation
07 / 29 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 90.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Petrina Williams
Mailing Address
3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure
Mileage Category/Type 002
Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
24.90
Transaction ID : b9ee28e5-e2ec-4dc8-8
Date of Disbursement or Obligation
07 / 29 / 2014
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
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
07 / 29 / 2014
Amount
70.00
Transaction ID : 9067c2d2-56fa-41d1-9
Date of Disbursement or Obligation
07 / 29 / 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 554635.78
Disbursement For: Primary General 2014 Other (specify)

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

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Danielle McCoy
Mailing Address: 1025 Cayley Ct
City: High Point, State: NC, Zip Code: 27260
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 87.50
Transaction ID: bae21257-0a55-4699-9
Date of Disbursement or Obligation: 07/29/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Danielle McCoy
Mailing Address: 1025 Cayley Ct
City: High Point, State: NC, Zip Code: 27260
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 23.70
Transaction ID: 9db5b8ba-9282-4345-8
Date of Disbursement or Obligation: 07/29/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 111.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

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: Chris McCoy
Mailing Address: 1025 Cayley Ct
City: High Point, State: NC, Zip Code: 27260
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 90.00
Transaction ID: ee849a03-f3ce-429e-9
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Chris McCoy
Mailing Address: 1025 Cayley Ct
City: High Point, State: NC, Zip Code: 27260
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 25.20
Transaction ID: 185b6d88-6997-4000-9
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 115.20
(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: 05/14/2015



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 07/29/2014
Amount 35.00
Transaction ID : 5825f181-ad18-49a9-b
Date of Disbursement or Obligation 07/29/2014
Name of Federal Candidate Ms. Kay Hagan
Office Sought: Senate State: NC
Disbursement For: General 2014

Full Name of Payee Tarrin Lesaicherre
Mailing Address 629 Radiance Ave
City Metairie State LA Zip Code 70001
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/29/2014
Amount 70.00
Transaction ID : 73feab2b-3d1c-4581-a
Date of Disbursement or Obligation 07/29/2014
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 05/14/2015

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
Tarrin Lesaicherre

Date of Public Distribution/Dissemination
07 / 29 / 2014

Mailing Address
629 Radiance Ave

Amount
4.50

City State Zip Code
Metairie LA 70001

Transaction ID : 7cff20fc-8d85-40f1-9
Date of Disbursement or Obligation

Purpose of Expenditure
Mileage
Category/Type
002

07 / 29 / 2014

Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose

Office Sought: House Senate
District: 00
State: LA

Calendar Year-To-Date
Per Election for Office Sought
554635.78

Disbursement For: Primary General
2014

Full Name of Payee
Evelyn Lesaicherre

Date of Public Distribution/Dissemination
07 / 29 / 2014

Mailing Address
629 Radiance Ave

Amount
70.00

City State Zip Code
Metairie LA 70001

Transaction ID : 4df380e6-2880-4ca6-8
Date of Disbursement or Obligation

Purpose of Expenditure
Salary
Category/Type
001

07 / 29 / 2014

Name of Federal Candidate
Ms. Mary L Landrieu
Support Oppose

Office Sought: House Senate
District: 00
State: LA

Calendar Year-To-Date
Per Election for Office Sought
554635.78

Disbursement For: Primary General
2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 74.50

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

(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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 Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
4.50
Transaction ID : 7f776ff4-4723-4420-a
Date of Disbursement or Obligation
07 / 29 / 2014
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Jeremy Hollar
Mailing Address
121 Meadowview Drive
City
Boone State
NC Zip Code
28607
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
50.00
Transaction ID : 8fe4630e-58fc-4cc2-b
Date of Disbursement or Obligation
07 / 29 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 54.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Jeremy Hollar</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 29 / 2014</b>
Mailing Address 121 Meadowview Drive	Amount <b>9.90</b>
City State Zip Code <b>Boone NC 28607</b>	<b>Transaction ID : fe65d67b-ba29-4831-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 29 / 2014</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: <u>00</u> State: <u>NC</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) ▶

1095959.94

Full Name of Payee <b>Lee R Carter</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 29 / 2014</b>
Mailing Address 3110 Brentwood Rd	Amount <b>60.00</b>
City State Zip Code <b>Raleigh NC 27604</b>	<b>Transaction ID : a0cd7bb9-2c9f-417f-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 29 / 2014</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: <u>00</u> State: <u>NC</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) ▶

1095959.94

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>69.90</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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: Lee R Carter
Mailing Address: 3110 Brentwood Rd
City: Raleigh, State: NC, Zip Code: 27604
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 11.40
Transaction ID: eab72484-4a9d-44ca-9
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Francis Richardson
Mailing Address: 220 Doucet Rd
City: Lafayette, State: LA, Zip Code: 70503
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 55.00
Transaction ID: 41a857a2-dd48-4e61-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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 66.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Francis Richardson
Mailing Address
220 Doucet Rd
City
Lafayette State
LA Zip Code
70503
Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
4.92
Transaction ID : 4e908f02-f5a1-4e92-8
Purpose of Expenditure
Mileage Category/Type
002
Date of Disbursement or Obligation
07 / 29 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
House District: 00
Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Kenny Wallis
Mailing Address
6412 Osage Dr
City
North Little rock State
AR Zip Code
72116
Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
35.00
Transaction ID : a03047bb-d4ba-43e1-9
Purpose of Expenditure
Salary Category/Type
001
Date of Disbursement or Obligation
07 / 29 / 2014
Name of Federal Candidate
Mr. Mark L Pryor
Office Sought:
House District: 00
Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 39.92
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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
Kenny Wallis
Mailing Address
6412 Osage Dr
City
North Little rock
State
AR
Zip Code
72116
Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
6.36
Transaction ID : 9484f36d-c39c-4bb6-a
Date of Disbursement or Obligation
07 / 29 / 2014
Purpose of Expenditure
Mileage
Category/Type
002
Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Office Sought:
House
Senate
District: 00
State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For:
Primary
General
Other (specify)

Full Name of Payee
Ralphie Lockhart
Mailing Address
6310 Col Glenn Rd
City
Little Rock
State
AR
Zip Code
72204
Date of Public Distribution/Dissemination
07 / 29 / 2014
Amount
60.00
Transaction ID : 6e0b32c8-d3ce-470c-b
Date of Disbursement or Obligation
07 / 29 / 2014
Purpose of Expenditure
Salary
Category/Type
001
Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Office Sought:
House
Senate
District: 00
State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 66.36
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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 Vidrine
Mailing Address: 1103 West Wilson Street
City: Ville Platte, State: LA, Zip Code: 70586
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 60.00
Transaction ID: f40a55a2-f7bd-43ce-8
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: General 2014

Full Name of Payee: Michael Vidrine
Mailing Address: 1103 West Wilson Street
City: Ville Platte, State: LA, Zip Code: 70586
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 30.60
Transaction ID: 251248d5-da50-493e-a
Name of Federal Candidate: Ms. Mary L Landrieu, Office Sought: Senate, State: LA
Calendar Year-To-Date Per Election for Office Sought: 554635.78
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 90.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Elizabeth DeMaine
Mailing Address: 75 Stephenson Ln
City: Sheridan, State: AR, Zip Code: 72143
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 45.00
Transaction ID: 56275bbb-b1ae-4b65-8
Date of Disbursement or Obligation: 07/29/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support/Oppose, Office Sought: Senate, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: General 2014

Full Name of Payee: Elizabeth DeMaine
Mailing Address: 75 Stephenson Ln
City: Sheridan, State: AR, Zip Code: 72143
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 16.50
Transaction ID: 0446cafa-c719-410d-9
Date of Disbursement or Obligation: 07/29/2014
Name of Federal Candidate: Mr. Mark L Pryor, Support/Oppose, Office Sought: Senate, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 61.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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 Benjamin Hernandez
Mailing Address 915 E Market Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/29/2014
Amount 85.00
Transaction ID : 3406eff0-7689-477e-a
Date of Disbursement or Obligation 07/29/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Benjamin Hernandez
Mailing Address 915 E Market Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/29/2014
Amount 34.80
Transaction ID : 66f4fd78-58fa-47bc-b
Date of Disbursement or Obligation 07/29/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 119.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Anthony Pearson
Mailing Address 112 apache Dr
City Search State AR Zip Code 72149
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/29/2014
Amount 85.00
Transaction ID : 0cfe97a3-1b5f-4603-9
Date of Disbursement or Obligation 07/29/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Anthony Pearson
Mailing Address 112 apache Dr
City Search State AR Zip Code 72149
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/29/2014
Amount 34.80
Transaction ID : a6c88675-4524-4a51-9
Date of Disbursement or Obligation 07/29/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 119.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Patrice Wolfe
Mailing Address: 9909 Treasure Hill Rd
City: Little Rock, State: AR, Zip Code: 72205
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 12.50
Transaction ID: cb2c8a33-2659-4cba-b
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Patrice Wolfe
Mailing Address: 9909 Treasure Hill Rd
City: Little Rock, State: AR, Zip Code: 72205
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/29/2014
Amount: 2.40
Transaction ID: 577c7a42-73b8-41a9-a
Name of Federal Candidate: Mr. Mark L Pryor, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 14.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
07 / 29 / 2014
Amount
10.00
Transaction ID : 34490a42-86f8-48ca-a
Date of Disbursement or Obligation
07 / 29 / 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
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
07 / 29 / 2014
Amount
0.90
Transaction ID : a5be4e4d-1199-4991-8
Date of Disbursement or Obligation
07 / 29 / 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..... 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
05 / 14 / 2015
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 Salary Category/Type 001

Date of Public Distribution/Dissemination 07 / 29 / 2014
Amount 90.00
Transaction ID : 280c9d81-9a6b-4cc2-a
Date of Disbursement or Obligation 07 / 29 / 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 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 07 / 29 / 2014
Amount 15.00
Transaction ID : b27d8777-3ee7-4230-b
Date of Disbursement or Obligation 07 / 29 / 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 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 05 / 14 / 2015
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 Saige Anderson
Mailing Address PO Box 424
City Searcy State AR Zip Code 72145
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/29/2014
Amount 45.00
Transaction ID : 10a0f202-90d4-4a8c-a
Date of Disbursement or Obligation 07/29/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Saige Anderson
Mailing Address PO Box 424
City Searcy State AR Zip Code 72145
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/29/2014
Amount 13.86
Transaction ID : d9d158f7-a20f-4e51-9
Date of Disbursement or Obligation 07/29/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 58.86
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Ethan Cranford
Mailing Address
2012 Caleb Drive
City
Searcy State
AR Zip Code
72143
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
32.50
Transaction ID : 77f8040f-51bb-4765-a
Date of Disbursement or Obligation
07 / 30 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Ethan Cranford
Mailing Address
2012 Caleb Drive
City
Searcy State
AR Zip Code
72143
Purpose of Expenditure
Mileage Category/Type
002
Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
15.60
Transaction ID : dfeff9f7-3536-41fa-a
Date of Disbursement or Obligation
07 / 30 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 48.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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 [MM] / [DD] / [YYYY]

Full Name of Payee <b>Ms. Tonya Boyd</b>		Date of Public Distribution/Dissemination [MM] / [DD] / [YYYY] <b>07 / 30 / 2014</b>	
Mailing Address <b>2357 Fancy Cap Rd</b>		Amount <b>90.00</b>	
City <b>Mt. Airy</b>	State <b>NC</b>	Zip Code <b>27030</b>	Transaction ID : <b>3ce977f8-d547-4008-a</b>
Purpose of Expenditure <b>Salary</b>	Category/Type <b>001</b>	Date of Disbursement or Obligation [MM] / [DD] / [YYYY] <b>07 / 30 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Ms. Tonya Boyd</b>		Date of Public Distribution/Dissemination [MM] / [DD] / [YYYY] <b>07 / 30 / 2014</b>	
Mailing Address <b>2357 Fancy Cap Rd</b>		Amount <b>22.50</b>	
City <b>Mt. Airy</b>	State <b>NC</b>	Zip Code <b>27030</b>	Transaction ID : <b>268462fd-05dd-47a4-9</b>
Purpose of Expenditure <b>Mileage</b>	Category/Type <b>002</b>	Date of Disbursement or Obligation [MM] / [DD] / [YYYY] <b>07 / 30 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>112.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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]  
**05 / 14 / 2015**

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
Pound, Feinstein & Associates
Mailing Address
5614 Connecticut Ave, NW Ste 270
City
Washington State
DC Zip Code
20015
Purpose of Expenditure
Doorhangers Category/Type
004
Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
6451.25
Transaction ID : b0e7f5b9-492a-4176-8
Date of Disbursement or Obligation
07 / 30 / 2014
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Office Sought:
House District: 00
President Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Christine B Long
Mailing Address
3121 Charleycote Dr
City
Raleigh State
NC Zip Code
27614
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
15.00
Transaction ID : f78d6e56-132b-4a92-9
Date of Disbursement or Obligation
07 / 30 / 2014
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Office Sought:
House District: 00
President Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 6466.25
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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 B Long
Mailing Address
3121 Charleycote Dr
City
Raleigh State
NC Zip Code
27614
Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
6.00
Transaction ID : e81f0096-7c10-4245-8
Date of Disbursement or Obligation
07 / 30 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate District: 00 State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Lorri Anderson
Mailing Address
7214 Duchamp Dr
City
Charlotte State
NC Zip Code
23215
Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
30.00
Transaction ID : 9ed727f1-74f1-4bcd-9
Date of Disbursement or Obligation
07 / 30 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate District: 00 State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 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 05 / 14 / 2015
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: Lorri Anderson
Mailing Address: 7214 Duchamp Dr
City: Charlotte, State: NC, Zip Code: 23215
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/30/2014
Amount: 9.60
Transaction ID: 635abe4f-d3be-4ccd-a
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Anthony Buchanan
Mailing Address: 1090 McHone Rd
City: Spruce Pine, State: NC, Zip Code: 28777
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/30/2014
Amount: 60.00
Transaction ID: a99fd5a2-4b02-4575-9
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 69.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Reagan Brackett</b>		Date of Public Distribution/Dissemination 07 / 26 / 2014
Mailing Address 502 E Center Ave		Amount 70.00
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>James Kindstedt</b>		Date of Public Distribution/Dissemination 07 / 30 / 2014
Mailing Address 5510 Dogwood Dr		Amount 30.00
City Winston Salem	State NC	Zip Code 27105
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	100.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>James Kindstedt</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 30 / 2014</b>
Mailing Address 5510 Dogwood Dr		Amount <b>6.39</b>
City Winston Salem	State NC	Zip Code 27105
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 30 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Christine Stevens</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 26 / 2014</b>
Mailing Address 100 Asbury Ct		Amount <b>50.00</b>
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 26 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>56.39</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Joanna Kindstedt</b>		
Mailing Address 2134 Tobaccoville Rd		
City Rural Hall	State NC	Zip Code 27045
Purpose of Expenditure Salary	Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		1095959.94

Date of Public Distribution/Dissemination 07 / 30 / 2014
Amount 30.00
Transaction ID : 9ccc94b4-ed0f-44eb-b
Date of Disbursement or Obligation 07 / 30 / 2014
Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Rze Culbreath</b>		
Mailing Address 100 Asbury Ct		
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		1095959.94

Date of Public Distribution/Dissemination 07 / 24 / 2014
Amount 40.00
Transaction ID : c51c3da0-621e-49a3-8
Date of Disbursement or Obligation 07 / 24 / 2014
Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	70.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Jon E Conner</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 25 / 2014</b>	
Mailing Address 100 Asbury Ct		Amount <b>50.00</b>	
City Winchester	State VA	Zip Code 22602	<b>Transaction ID : 8ea2f79d-64c0-4b7c-9</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 <b>07 / 25 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Lisa Miller</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 22 / 2014</b>	
Mailing Address 718 Azalea Dr. Unit 453		Amount <b>60.00</b>	
City Hampstead	State NC	Zip Code 28443	<b>Transaction ID : 0ef510ef-313a-40c2-9</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 <b>07 / 22 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>110.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**



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: Lisa Miller
Mailing Address: 718 Azalea Dr. Unit 453
City: Hampstead State: NC Zip Code: 28443
Purpose of Expenditure: Mileage Category/Type: 002
Date of Public Distribution/Dissemination: 07/22/2014
Amount: 4.59
Transaction ID: 89a2277f-16bc-4393-a
Date of Disbursement or Obligation: 07/22/2014
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate State: NC
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 1095959.94

Full Name of Payee: Lisa Miller
Mailing Address: 718 Azalea Dr. Unit 453
City: Hampstead State: NC Zip Code: 28443
Purpose of Expenditure: Salary Category/Type: 001
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 42.00
Transaction ID: 060a2757-dcd8-4094-b
Date of Disbursement or Obligation: 07/24/2014
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate State: NC
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 1095959.94

(a) SUBTOTAL of Itemized Independent Expenditures: 46.59
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Lisa Miller
Mailing Address: 718 Azalea Dr. Unit 453
City: Hampstead State: NC Zip Code: 28443
Purpose of Expenditure: Mileage Category/Type: 002
Date of Public Distribution/Dissemination: 07/24/2014
Amount: 12.09
Transaction ID: d4db26f2-bdcb-46c0-a
Date of Disbursement or Obligation: 07/24/2014
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate State: NC
Disbursement For: General 2014

Full Name of Payee: Lisa Miller
Mailing Address: 718 Azalea Dr. Unit 453
City: Hampstead State: NC Zip Code: 28443
Purpose of Expenditure: Salary Category/Type: 001
Date of Public Distribution/Dissemination: 07/28/2014
Amount: 51.50
Transaction ID: e7acf9b8-5f84-4252-9
Date of Disbursement or Obligation: 07/28/2014
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate State: NC
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 63.59
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015

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
Lisa Miller
Mailing Address
718 Azalea Dr.
Unit 453
City
Hampstead State
NC Zip Code
28443
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
4.29
Transaction ID : 39a5ba9a-1130-47a3-9
Date of Disbursement or Obligation
07 / 28 / 2014
Office Sought: House District: 00
Senate State: NC
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
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
32.50
Transaction ID : 1527a02f-876f-4ecc-8
Date of Disbursement or Obligation
07 / 30 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 36.79
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Amanda Boley</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 30 / 2014</b>	
Mailing Address Split Oak Drive		Amount <b>9.57</b>	
City charlotte	State NC	Zip Code 28227	<b>Transaction ID : 79a99d35-b03b-437f-9</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 <b>07 / 30 / 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Gabriella E Hansen</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 30 / 2014</b>	
Mailing Address 310 West Meath Drive		Amount <b>15.00</b>	
City Winterville	State NC	Zip Code 28590	<b>Transaction ID : 491932fd-b1ba-421c-b</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 <b>07 / 30 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>24.57</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Jennie Butler</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 30 / 2014
Mailing Address 1676 Shady Creek Rd	Amount <span style="border: 1px solid black; padding: 2px;">15.00</span>
City Ayden State NC Zip Code 28513	<b>Transaction ID : 06b9295f-f85e-4991-9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 30 / 2014
Purpose of Expenditure Salary Category/Type 001	Name of Federal Candidate Ms. Kay Hagan <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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Jennie Butler</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 30 / 2014
Mailing Address 1676 Shady Creek Rd	Amount <span style="border: 1px solid black; padding: 2px;">5.73</span>
City Ayden State NC Zip Code 28513	<b>Transaction ID : 54662be4-efb5-4e62-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 30 / 2014
Purpose of Expenditure Mileage Category/Type 002	Name of Federal Candidate Ms. Kay Hagan <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: NC
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1095959.94</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">20.73</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Emily Butler</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014
Mailing Address 1676 Shady Creek Rd	Amount 38.30
City Ayden	State NC
Zip Code 28513	Transaction ID : e4e0ee2e-67cb-434d-a
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan	<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: NC
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) ▶
	1095959.94

Full Name of Payee <b>Emily Butler</b>	Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014
Mailing Address 1676 Shady Creek Rd	Amount 6.93
City Ayden	State NC
Zip Code 28513	Transaction ID : 5b77f34f-b58c-4e3f-a
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan	<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: NC
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) ▶
	1095959.94

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	45.23
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date MM / DD / YYYY 05 / 14 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold;">C</span> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Allie Butler</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">07 / 30 / 2014</span> </div>
Mailing Address 1676 Shady Creek Rd	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">                     40.00                 </div>
City Ayden State NC Zip Code 28513	<b>Transaction ID : f9c0aecb-3bfc-4098-b</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">07 / 30 / 2014</span> </div>
Purpose of Expenditure Salary Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Name of Federal Candidate Ms. Kay Hagan <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: NC
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">                     1095959.94                 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Allie Butler</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">07 / 30 / 2014</span> </div>
Mailing Address 1676 Shady Creek Rd	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">                     6.93                 </div>
City Ayden State NC Zip Code 28513	<b>Transaction ID : 65431279-7a51-448c-8</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em;">07 / 30 / 2014</span> </div>
Purpose of Expenditure Mileage Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Name of Federal Candidate Ms. Kay Hagan <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: NC
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">                     1095959.94                 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">                 46.93             </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">                 _____             </div>
<b>(c) TOTAL</b> 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*

*[Electronically Filed]*

Date 05 / 14 / 2015

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 Grau
Mailing Address: 2328 Caplis Sligo Rd
City: Bossier City, State: LA, Zip Code: 71112
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/30/2014
Amount: 30.00
Transaction ID: 4a39f107-0f24-46f3-9
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, 2014

Full Name of Payee: Christopher L Grau
Mailing Address: 2328 Caplis Sligo Rd
City: Bossier City, State: LA, Zip Code: 71112
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/30/2014
Amount: 15.00
Transaction ID: 1e952ea3-6442-49fa-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: 45.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Steven Best
Mailing Address: 103 Washington Ave
City: Newport, State: NC, Zip Code: 28570
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/30/2014
Amount: 33.00
Transaction ID: 6f7cf1eb-e3d6-41d6-a
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Steven Best
Mailing Address: 103 Washington Ave
City: Newport, State: NC, Zip Code: 28570
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/30/2014
Amount: 6.15
Transaction ID: 764bfa6c-5513-4e8c-b
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 39.15
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Ralphie Lockhart
Mailing Address
6310 Col Glenn Rd
City
Little Rock State
AR Zip Code
72204
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
20.00
Transaction ID : 066b7c69-f286-4c78-9
Date of Disbursement or Obligation
07 / 30 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
OBrian Price
Mailing Address
2400 Covenant Cove
City
Little Rock State
AR Zip Code
72204
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
20.00
Transaction ID : 675e7fb2-0d3f-408f-9
Date of Disbursement or Obligation
07 / 30 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 40.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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 OBrian Price
Mailing Address 2400 Covenant Cove
City Little Rock State AR Zip Code 72204
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014

Full Name of Payee Larry Freeman
Mailing Address 11214 Mesa drive
City Little rock State AR Zip Code 72211
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 29.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Virginia M Stevens
Mailing Address
1691 Fork Mtn Rd
City
Bakersville State
NC Zip Code
28705
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
50.00
Transaction ID : d3c77def-1c5e-4cb5-8
Date of Disbursement or Obligation
07 / 30 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Virginia M Stevens
Mailing Address
1691 Fork Mtn Rd
City
Bakersville State
NC Zip Code
28705
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
27.90
Transaction ID : 9b721da7-cfce-4df2-b
Date of Disbursement or Obligation
07 / 30 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 77.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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 Malinda Ledford
Mailing Address 44 Bell Street Ext
City Spruce Pine State NC Zip Code 28777
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination 07/30/2014
Amount 50.00
Transaction ID : cc9df961-6d36-4a43-8
Date of Disbursement or Obligation 07/30/2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Malinda Ledford
Mailing Address 44 Bell Street Ext
City Spruce Pine State NC Zip Code 28777
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Calendar Year-To-Date Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination 07/30/2014
Amount 27.90
Transaction ID : c8d3b208-7782-460c-9
Date of Disbursement or Obligation 07/30/2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 77.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
Signature

[Electronically Filed]

Date 05/14/2015

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
Erika Burfield
Mailing Address
2939 Country Club Drive
City
Hampstead State
NC Zip Code
28443
Purpose of Expenditure
Salary Category/
Type
001

Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
20.00
Transaction ID : d3ec557d-99d0-4ff1-b
Date of Disbursement or Obligation
07 / 30 / 2014

Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose
Office Sought:
House
Senate
District:
00
State:
NC

Disbursement For:
Primary
General
2014
Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Full Name of Payee
Erika Burfield
Mailing Address
2939 Country Club Drive
City
Hampstead State
NC Zip Code
28443
Purpose of Expenditure
Mileage Category/
Type
002

Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
3.60
Transaction ID : e4c9385d-69b9-45bf-9
Date of Disbursement or Obligation
07 / 30 / 2014

Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose
Office Sought:
House
Senate
District:
00
State:
NC

Disbursement For:
Primary
General
2014
Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
1095959.94

(a) SUBTOTAL of Itemized Independent Expenditures..... 23.60
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Kassidy L Tyer</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 30 / 2014</b>
Mailing Address 41 Hawk Hollow Trail	Amount <b>30.00</b>
City Burgaw	State NC
Zip Code 28425	Transaction ID : <b>5d0fdc64-10aa-46d4-a</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 30 / 2014</b>
Category/Type <b>001</b>	
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Kassidy L Tyer</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 30 / 2014</b>
Mailing Address 41 Hawk Hollow Trail	Amount <b>10.50</b>
City Burgaw	State NC
Zip Code 28425	Transaction ID : <b>177c8501-d765-4c97-b</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 30 / 2014</b>
Category/Type <b>002</b>	
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>40.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> <span style="margin-left: 5px;">C00530766</span> </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 <b>Francesca Blom</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 30 / 2014</span> </div>		
Mailing Address    101 Asbury Ct	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">80.00</span> </div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Winchester</td> <td style="width:33%;">State VA</td> <td style="width:33%;">Zip Code 22602</td> </tr> </table>		City Winchester	State VA
City Winchester	State VA	Zip Code 22602	
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>		
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    District: <u>00</u> State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">1095959.94</span> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Antoinette Franklin</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>  <span style="font-size: 1.2em; font-weight: bold;">07 / 30 / 2014</span> </div>		
Mailing Address    8822 Apple St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">45.00</span> </div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City New Orleans</td> <td style="width:33%;">State LA</td> <td style="width:33%;">Zip Code 70188</td> </tr> </table>		City New Orleans	State LA
City New Orleans	State LA	Zip Code 70188	
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 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    District: <u>00</u> State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">554635.78</span> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">125.00</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;"> </span> </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  
05 / 14 / 2015



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 Voholetz
Mailing Address: 718 N MacMillan Avenue
City: Wilmington, State: NC, Zip Code: 28803
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/30/2014
Amount: 40.00
Transaction ID: f80ef6dd-fd39-4989-8
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: John Voholetz
Mailing Address: 718 N MacMillan Avenue
City: Wilmington, State: NC, Zip Code: 28803
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/30/2014
Amount: 4.50
Transaction ID: 80696176-1758-43f5-b
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 44.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
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 Carmen Maddrey
Mailing Address 2043 Nottingham Ln
City Burlington State NC Zip Code 27215
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/30/2014
Amount 50.00
Transaction ID : e5a123f8-ef74-4b88-a
Date of Disbursement or Obligation 07/30/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Disbursement For: Primary General 2014

Full Name of Payee Carmen Maddrey
Mailing Address 2043 Nottingham Ln
City Burlington State NC Zip Code 27215
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/30/2014
Amount 3.30
Transaction ID : 50b4981d-1895-4388-9
Date of Disbursement or Obligation 07/30/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Disbursement For: Primary General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 53.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Phillip Williams
Mailing Address
3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure
Salary Category/Type 001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
45.00
Transaction ID : 42e79c37-ad15-471f-8
Date of Disbursement or Obligation
07 / 30 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General 2014
Other (specify)

Full Name of Payee
Phillip Williams
Mailing Address
3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure
Mileage Category/Type 002
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Calendar Year-To-Date
Per Election for Office Sought 1095959.94

Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
13.20
Transaction ID : 912d23ed-bf1b-4ec2-a
Date of Disbursement or Obligation
07 / 30 / 2014
Office Sought: House District: 00
President Senate State: NC
Disbursement For: Primary General 2014
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 58.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> 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 <b>Peter Sahuc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 107 Phillip Ave		Amount 30.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 80e0b03f-457b-4872-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 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 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Peter Sahuc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2014	
Mailing Address 107 Phillip Ave		Amount 1.26	
City Lafayette	State LA	Zip Code 70503	Transaction ID : b40d743a-1085-4d58-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 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 554635.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	31.26
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
05 / 14 / 2015





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
Mailing Address
202 Rue Des Cajun
City
Ville Platte State
LA Zip Code
70586
Purpose of Expenditure
Salary Category/Type
001
Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
40.00
Transaction ID : a0b28817-3a6a-429f-b
Date of Disbursement or Obligation
07 / 30 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State:
LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
General 2014

Full Name of Payee
Zachary Vidrine
Mailing Address
202 Rue Des Cajun
City
Ville Platte State
LA Zip Code
70586
Purpose of Expenditure
Mileage Category/Type
002
Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
35.10
Transaction ID : e7b7f35b-4d88-4de9-9
Date of Disbursement or Obligation
07 / 30 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State:
LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
General 2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 75.10
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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
Kenny Wallis
Mailing Address
6412 Osage Dr
City
North Little rock State
AR Zip Code
72116
Purpose of Expenditure
Salary Category/
Type 001

Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
45.00
Transaction ID : ff2a7de0-bac7-4d97-a
Date of Disbursement or Obligation
07 / 30 / 2014

Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Office Sought:
House
Senate
District: 00
State: AR

Disbursement For:
Primary
General
Other (specify)
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Full Name of Payee
Kenny Wallis
Mailing Address
6412 Osage Dr
City
North Little rock State
AR Zip Code
72116
Purpose of Expenditure
Mileage Category/
Type 002

Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
6.54
Transaction ID : 3f37f8ba-c6cd-4d8e-8
Date of Disbursement or Obligation
07 / 30 / 2014

Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Office Sought:
House
Senate
District: 00
State: AR

Disbursement For:
Primary
General
Other (specify)
Calendar Year-To-Date
Per Election for Office Sought
292370.62

(a) SUBTOTAL of Itemized Independent Expenditures..... 51.54
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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: Cory Bryson
Mailing Address: 216 Dogwood Ln
City: Belmont, State: NC, Zip Code: 28012
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/30/2014
Amount: 60.00
Transaction ID: f68782d9-1349-4322-a
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: General 2014

Full Name of Payee: Cory Bryson
Mailing Address: 216 Dogwood Ln
City: Belmont, State: NC, Zip Code: 28012
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/30/2014
Amount: 9.00
Transaction ID: 0eef1be4-cfb3-449a-9
Name of Federal Candidate: Ms. Kay Hagan, Office Sought: Senate
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 69.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Lisa Booth</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 30 / 2014</b>
Mailing Address <b>1434 South Avenue</b>	Amount <b>85.00</b>
City <b>Eden</b> State <b>NC</b> Zip Code <b>27288</b>	<b>Transaction ID : b1e3771c-9206-485f-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 30 / 2014</b>
Purpose of Expenditure <b>Salary</b> Category/Type <b>001</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b> <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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Lisa Booth</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 30 / 2014</b>
Mailing Address <b>1434 South Avenue</b>	Amount <b>7.20</b>
City <b>Eden</b> State <b>NC</b> Zip Code <b>27288</b>	<b>Transaction ID : 40058c22-c8d2-4cd9-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 30 / 2014</b>
Purpose of Expenditure <b>Mileage</b> Category/Type <b>002</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b> <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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>92.20</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      **[Electronically Filed]**      Date **05 / 14 / 2015**

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
Timothy Foley
Mailing Address
20679 Glenbrook Terrace
City State Zip Code
Sterling VA 20165
Purpose of Expenditure
Salary
Category/Type
001

Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
75.00
Transaction ID : 7f82d341-542d-45ab-b
Date of Disbursement or Obligation
07 / 30 / 2014

Name of Federal Candidate
Ms. Kay Hagan
Support Oppose
Office Sought: House Senate
District: 00
State: NC

Disbursement For: Primary General
2014
Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Full Name of Payee
Lee R Carter
Mailing Address
3110 Brentwood Rd
City State Zip Code
Raleigh NC 27604
Purpose of Expenditure
Salary
Category/Type
001

Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
70.00
Transaction ID : ffa05ad1-46ec-4deb-9
Date of Disbursement or Obligation
07 / 30 / 2014

Name of Federal Candidate
Ms. Kay Hagan
Support Oppose
Office Sought: House Senate
District: 00
State: NC

Disbursement For: Primary General
2014
Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
1095959.94

(a) SUBTOTAL of Itemized Independent Expenditures 145.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
Signature

[Electronically Filed]

Date
05 / 14 / 2015

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: Lee R Carter
Mailing Address: 3110 Brentwood Rd
City: Raleigh, State: NC, Zip Code: 27604
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/30/2014
Amount: 13.20
Transaction ID: 7e3e1ab7-c45b-4351-a
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] 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: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/30/2014
Amount: 50.00
Transaction ID: 0da0eada-44e7-4390-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: 554635.78
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 63.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Casey Stockton
Mailing Address
105 South Dale St
City
Spruce Pine State
NC Zip Code
28777
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
20.10
Transaction ID : 5a79d4a5-60d1-4643-a
Date of Disbursement or Obligation
07 / 30 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Mary Johnson
Mailing Address
105 South Dale St
City
Spruce Pine State
NC Zip Code
28777
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
60.00
Transaction ID : b0cae413-9d49-4857-9
Date of Disbursement or Obligation
07 / 30 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 80.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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 Ms. Chassidy Menard
Mailing Address 515 Walter Dr.
City Lafayette State LA Zip Code 70507
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/30/2014
Amount 20.00
Transaction ID : d571c7cf-5c7f-4c0b-9
Date of Disbursement or Obligation 07/30/2014
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 Ms. Chassidy Menard
Mailing Address 515 Walter Dr.
City Lafayette State LA Zip Code 70507
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/30/2014
Amount 6.60
Transaction ID : 04ec9cc5-6402-41db-8
Date of Disbursement or Obligation 07/30/2014
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 26.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; display: inline-block; width: 15px; height: 15px; text-align: center; vertical-align: middle;">C</span> <span style="font-family: monospace; font-size: 1.2em; padding: 0 5px;">C00530766</span> </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 <b>Warren Gravois</b>			Date of Public Distribution/Dissemination <div style="font-family: monospace; font-size: 1.2em;"> <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span> </div>		
Mailing Address    16005 7th St			Amount <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;"> <span style="float: right;">30.00</span> </div>		
City Pearlington	State MS	Zip Code 39572	<b>Transaction ID : b2fe353e-b92b-4776-8</b> Date of Disbursement or Obligation <div style="font-family: monospace; font-size: 1.2em;"> <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span> </div>		
Purpose of Expenditure Salary	Category/Type <span style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">001</span>		Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;"> <span style="float: right;">554635.78</span> </div>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____					

Full Name of Payee <b>Warren Gravois</b>			Date of Public Distribution/Dissemination <div style="font-family: monospace; font-size: 1.2em;"> <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span> </div>		
Mailing Address    16005 7th St			Amount <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;"> <span style="float: right;">2.55</span> </div>		
City Pearlington	State MS	Zip Code 39572	<b>Transaction ID : c4065ae2-ad83-4e87-9</b> Date of Disbursement or Obligation <div style="font-family: monospace; font-size: 1.2em;"> <span style="border: 1px solid black; padding: 2px;">07</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2014</span> </div>		
Purpose of Expenditure Mileage	Category/Type <span style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">002</span>		Name of Federal Candidate Ms. Mary L Landrieu		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;"> <span style="float: right;">554635.78</span> </div>			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____					

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;"> <span style="float: right;">32.55</span> </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;"> <span style="float: right;"> </span> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;"> <span style="float: right;"> </span> </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 
05 / 14 / 2015

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: 07/30/2014
Amount: 75.00
Transaction ID: 802496f8-a879-40ae-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: 554635.78
Disbursement For: [ ] Primary, [X] General 2014, [ ] Other (specify)

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: 07/30/2014
Amount: 13.20
Transaction ID: aa608501-ed34-4c46-9
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: 554635.78
Disbursement For: [ ] Primary, [X] General 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 88.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Cassidy Quartararo
Mailing Address
632 Cameron Court
City
Kenner State
LA Zip Code
70065
Purpose of Expenditure
Salary Category/
Type 001

Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
40.00
Transaction ID : f188a23d-09f0-4da2-9
Date of Disbursement or Obligation
07 / 30 / 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)
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Full Name of Payee
Ms. Tonya Boyd
Mailing Address
2357 Fancy Cap Rd
City
Mt. Airy State
NC Zip Code
27030
Purpose of Expenditure
Salary Category/
Type 001

Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
80.00
Transaction ID : 5cca21d2-c6d6-4baa-8
Date of Disbursement or Obligation
07 / 30 / 2014

Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose
Office Sought:
House
Senate
District: 00
State: NC

Disbursement For:
Primary
General
Other (specify)
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

(a) SUBTOTAL of Itemized Independent Expenditures..... 120.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Ms. Tonya Boyd</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 30 / 2014</b>
Mailing Address 2357 Fancy Cap Rd		Amount <b>22.74</b>
City Mt. Airy	State NC	Zip Code 27030
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Transaction ID : <b>e877d7b3-c98c-4710-8</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 30 / 2014</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Bradley K Kissinger</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 30 / 2014</b>
Mailing Address 3113 Imperial Valley Dr.		Amount <b>30.00</b>
City Little Rock	State AR	Zip Code 72212
Purpose of Expenditure Salary	Category/Type <b>001</b>	Transaction ID : <b>4f4f86ae-2868-43e2-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 30 / 2014</b>
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought	<b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>52.74</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Signature Ms. Emily Buchanan [Electronically Filed] Date **05 / 14 / 2015**

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
Bradley K Kissinger
Mailing Address
3113 Imperial Valley Dr.
City
Little Rock State
AR Zip Code
72212
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
4.80
Transaction ID : a60b59c2-e513-45bc-b
Date of Disbursement or Obligation
07 / 30 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Francis Richardson
Mailing Address
220 Doucet Rd
City
Lafayette State
LA Zip Code
70503
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
35.00
Transaction ID : f41057f2-e8f6-4551-b
Date of Disbursement or Obligation
07 / 30 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 39.80
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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 Francis Richardson
Mailing Address 220 Doucet Rd
City Lafayette State LA Zip Code 70503
Purpose of Expenditure Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Calendar Year-To-Date Per Election for Office Sought 554635.78

Date of Public Distribution/Dissemination 07/30/2014
Amount 1.53
Transaction ID : 68c9bc0b-ca55-4acc-a
Date of Disbursement or Obligation 07/30/2014
Office Sought: House Senate
Disbursement For: Primary General

Full Name of Payee Elizabeth DeMaine
Mailing Address 75 Stephenson Ln
City Sheridan State AR Zip Code 72143
Purpose of Expenditure Salary Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Calendar Year-To-Date Per Election for Office Sought 292370.62

Date of Public Distribution/Dissemination 07/30/2014
Amount 20.00
Transaction ID : 6d151701-ce0b-4806-9
Date of Disbursement or Obligation 07/30/2014
Office Sought: House Senate
Disbursement For: Primary General

(a) SUBTOTAL of Itemized Independent Expenditures 21.53
(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 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black; padding: 2px;">C</span> 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 <b>Elizabeth DeMaine</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 30 / 2014</b>	
Mailing Address 75 Stephenson Ln		Amount <b>14.10</b>	
City Sheridan	State AR	Zip Code 72143	Transaction ID : <b>adb09fcf-d7dd-49a1-b</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 30 / 2014</b>	
Name of Federal Candidate Mr. Mark L Pryor		<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Caleb Craig</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 30 / 2014</b>	
Mailing Address 1410 Bushville drive		Amount <b>80.00</b>	
City Lenoir	State NC	Zip Code 28645	Transaction ID : <b>c1f6c2ac-973b-47b2-a</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 30 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>94.10</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Caleb Craig</b>	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 30 / 2014</b>
Mailing Address 1410 Bushville drive	Amount <b>36.00</b>
City Lenoir	State NC
Zip Code 28645	Transaction ID : <b>bd33f670-335e-4367-9</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>
Name of Federal Candidate Ms. Kay Hagan	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>NC</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) ▶

Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 30 / 2014</b>
--

Full Name of Payee <b>Danielle Landry</b>	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 30 / 2014</b>
Mailing Address 1089 Oleste Tauzin Road	Amount <b>40.00</b>
City Breaux Bridge	State LA
Zip Code 70517	Transaction ID : <b>96fd7467-baa6-4a8f-a</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>
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	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 30 / 2014</b>
--

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>76.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan* [Electronically Filed] Date **05 / 14 / 2015**

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: Danielle Landry
Mailing Address: 1089 Oleste Tauzin Road
City: Breaux Bridge, State: LA, Zip Code: 70517
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/30/2014
Amount: 10.80
Transaction ID: e8dde4ac-ccc4-424c-8
Date of Disbursement or Obligation: 07/30/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General

Full Name of Payee: Tabetha D Espenschied
Mailing Address: 2002 East Park Ave Apt 40
City: Searcy, State: AR, Zip Code: 72143
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/30/2014
Amount: 60.00
Transaction ID: 59a2d1a2-4748-4c26-8
Date of Disbursement or Obligation: 07/30/2014
Name of Federal Candidate: Mr. Mark L Pryor
Office Sought: Senate, State: AR
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures 70.80
(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 05/14/2015

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 N Randall
Mailing Address 2002 E Park Ave Apt 40
City Searcy State AR Zip Code 72143
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/30/2014
Amount 60.00
Transaction ID : fd3f0bd5-6204-49a5-a
Date of Disbursement or Obligation 07/30/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Taylor N Randall
Mailing Address 2002 E Park Ave Apt 40
City Searcy State AR Zip Code 72143
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/30/2014
Amount 26.85
Transaction ID : 2fb7c561-8f08-40e2-9
Date of Disbursement or Obligation 07/30/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 86.85
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
Signature

[Electronically Filed]

Date 05/14/2015

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: Salary, Category/Type: 001
Amount: 70.00
Transaction ID: cdc92a02-19b3-419d-9
Date of Disbursement or Obligation: 07/30/2014
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: 554635.78

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
Amount: 5.40
Transaction ID: 9a1be2bc-da37-4a7e-b
Date of Disbursement or Obligation: 07/30/2014
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: 554635.78

(a) SUBTOTAL of Itemized Independent Expenditures: 75.40
(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: 05/14/2015

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
Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
70.00
Transaction ID : df5dc8e6-15a7-4cba-9
Date of Disbursement or Obligation
07 / 30 / 2014
Office Sought:
House District: 00
President Senate State: NC
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Jeremy Hollar
Mailing Address
121 Meadowview Drive
City
Boone State
NC Zip Code
28607
Purpose of Expenditure
Salary Category/
Type
001
Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
50.00
Transaction ID : dacc9d99-880e-4060-a
Date of Disbursement or Obligation
07 / 30 / 2014
Office Sought:
House District: 00
President Senate State: NC
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 120.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Jeremy Hollar
Mailing Address
121 Meadowview Drive
City
Boone State
NC Zip Code
28607
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
36.00
Transaction ID : 3644c485-ca3b-4bf4-b
Date of Disbursement or Obligation
07 / 30 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Tarrin Lesaicherre
Mailing Address
629 Radiane 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
554635.78

Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
70.00
Transaction ID : fe01d0ea-e8c5-4520-a
Date of Disbursement or Obligation
07 / 30 / 2014
Office Sought:
House District: 00
Senate State: LA
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 106.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed] Date
05 / 14 / 2015
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: Tarrin Lesaicherre
Mailing Address: 629 Radiance Ave
City: Metairie, State: LA, Zip Code: 70001
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/30/2014
Amount: 5.10
Transaction ID: c4f29191-0997-4546-b
Date of Disbursement or Obligation: 07/30/2014
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: 554635.78

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
Date of Public Distribution/Dissemination: 07/30/2014
Amount: 40.00
Transaction ID: 69d41239-0b2e-4ccf-8
Date of Disbursement or Obligation: 07/30/2014
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate, State: NC
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 1095959.94

(a) SUBTOTAL of Itemized Independent Expenditures: 45.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Michael Vidrine</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 30 / 2014</b>
Mailing Address 1103 West Wilson Street	Amount <b>60.00</b>
City Ville Platte	State LA
Zip Code 70586	Transaction ID : <b>473b1591-8dac-4f60-8</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 30 / 2014</b>
Category/Type <b>001</b>	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	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
<b>554635.78</b>	

Full Name of Payee <b>Michael Vidrine</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 30 / 2014</b>
Mailing Address 1103 West Wilson Street	Amount <b>27.30</b>
City Ville Platte	State LA
Zip Code 70586	Transaction ID : <b>b7c757fc-845e-4703-a</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 30 / 2014</b>
Category/Type <b>002</b>	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	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
<b>554635.78</b>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>87.30</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**



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. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
80.00
Transaction ID : 20c841b1-bf60-43c9-b
Date of Disbursement or Obligation
07 / 30 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Rze 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. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
70.00
Transaction ID : 903c9724-bb79-47dd-9
Date of Disbursement or Obligation
07 / 30 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 150.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 1.2em; font-weight: bold; border: 1px solid black;">C</span> 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 <b>Rodney D Culbreth</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          07 / 30 / 2014       </div>
Mailing Address 100 Asbury CT 3200 Dam Neck Rd	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">70.00</div>
City State Zip Code Winchester VA 22602	<b>Transaction ID : 26e2168e-03ba-4441-9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          07 / 30 / 2014       </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">001</div>
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Petrina Williams</b>	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          07 / 30 / 2014       </div>
Mailing Address 3007 Darden Rd	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">100.00</div>
City State Zip Code Greensboro NC 27407	<b>Transaction ID : 212ec720-1d5b-4f1a-9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</span>          07 / 30 / 2014       </div>
Purpose of Expenditure Salary	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">001</div>
Name of Federal Candidate Ms. Kay Hagan	<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: NC
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">1095959.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">170.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; 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  
 05 / 14 / 2015

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: Petrina Williams
Mailing Address: 3007 Darden Rd
City: Greensboro, State: NC, Zip Code: 27407
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 22.50
Transaction ID: 9623cfe7-a1ed-4a6f-a
Date of Disbursement or Obligation: 07/30/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Theresa Burkhart
Mailing Address: 3126 Chester Ct
City: Metairie, State: LA, Zip Code: 70006
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 40.00
Transaction ID: 131cde34-c77d-432e-8
Date of Disbursement or Obligation: 07/30/2014
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: 554635.78
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 62.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Theresa Burkhart
Mailing Address: 3126 Chester Ct
City: Metairie, State: LA, Zip Code: 70006
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/30/2014
Amount: 3.96
Transaction ID: a7c82215-b692-496f-8
Date of Disbursement or Obligation: 07/30/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General

Full Name of Payee: Solveig Lysne
Mailing Address: 7121 Oyster Lane
City: Wilmington, State: NC, Zip Code: 28411
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/30/2014
Amount: 24.60
Transaction ID: 5f22662f-9740-48e2-a
Date of Disbursement or Obligation: 07/30/2014
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate, State: NC
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 28.56
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015





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: Chris McCoy
Mailing Address: 1025 Cayley Ct
City: High Point, State: NC, Zip Code: 27260
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/30/2014
Amount: 16.50
Transaction ID: b598cb67-2c92-4a35-8
Date of Disbursement or Obligation: 07/30/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Danielle McCoy
Mailing Address: 1025 Cayley Ct
City: High Point, State: NC, Zip Code: 27260
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/30/2014
Amount: 27.50
Transaction ID: 24558956-6af6-4ffe-b
Date of Disbursement or Obligation: 07/30/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 44.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Serena A Jones
Mailing Address: 7151 Mullins Drive
City: Saltville, State: VA, Zip Code: 24370
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/30/2014
Amount: 90.00
Transaction ID: 7b291780-c116-4d74-9
Date of Disbursement or Obligation: 07/30/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

Full Name of Payee: Serena A Jones
Mailing Address: 7151 Mullins Drive
City: Saltville, State: VA, Zip Code: 24370
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/30/2014
Amount: 27.30
Transaction ID: d2517cf4-9014-4179-9
Date of Disbursement or Obligation: 07/30/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 117.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015



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
Rze Culbreath
Mailing Address
100 Asbury Ct
City
Winchester State
VA Zip Code
22602
Purpose of Expenditure
Salary Category/
Type
001

Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
60.00
Transaction ID : 868b68e6-6cd6-496d-a
Date of Disbursement or Obligation
07 / 24 / 2014

Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose
Office Sought:
House
Senate
District: 00
State: NC

Disbursement For:
Primary
General
Other (specify)
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

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

Date of Public Distribution/Dissemination
07 / 25 / 2014
Amount
80.00
Transaction ID : d0209543-a947-433d-8
Date of Disbursement or Obligation
07 / 25 / 2014

Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose
Office Sought:
House
Senate
District: 00
State: NC

Disbursement For:
Primary
General
Other (specify)
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

(a) SUBTOTAL of Itemized Independent Expenditures..... 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
05 / 14 / 2015
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 O Culbreath
Mailing Address
100 Asbury Ct
City
Winchester State
VA Zip Code
22602
Purpose of Expenditure
Salary Category/
Type
001

Date of Public Distribution/Dissemination
07 / 24 / 2014
Amount
80.00
Transaction ID : a7cd8206-1790-4189-b
Date of Disbursement or Obligation
07 / 24 / 2014

Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose
Office Sought:
House
Senate
District:
00
State:
NC

Disbursement For:
Primary
General
Other (specify)
2014

Full Name of Payee
Mary Johnson
Mailing Address
105 South Dale St
City
Spruce Pine State
NC Zip Code
28777
Purpose of Expenditure
Salary Category/
Type
001

Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
60.00
Transaction ID : 934a159f-ae38-4468-a
Date of Disbursement or Obligation
07 / 31 / 2014

Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose
Office Sought:
House
Senate
District:
00
State:
NC

Disbursement For:
Primary
General
Other (specify)
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
05 / 14 / 2015
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
Anthony Buchanan
Mailing Address
1090 McHone Rd
City
Spruce Pine State
NC Zip Code
28777
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
40.00
Transaction ID : 370a07d4-cd66-47eb-9
Date of Disbursement or Obligation
07 / 31 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
James Kindstedt
Mailing Address
5510 Dogwood Dr
City
Winston Salem State
NC Zip Code
27105
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
27.50
Transaction ID : bdb407ac-6a1e-4e66-b
Date of Disbursement or Obligation
07 / 31 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 67.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: James Kindstedt
Mailing Address: 5510 Dogwood Dr
City: Winston Salem, State: NC, Zip Code: 27105
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/31/2014
Amount: 6.48
Transaction ID: ee97accb-1877-48ff-9
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Joanna Kindstedt
Mailing Address: 2134 Tobaccoville Rd
City: Rural Hall, State: NC, Zip Code: 27045
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/31/2014
Amount: 27.50
Transaction ID: 4694c0ad-5481-4f09-9
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 33.98
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Casey Stockton
Mailing Address
105 South Dale St
City
Spruce Pine State
NC Zip Code
28777
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
40.00
Transaction ID : bb8df879-5cbe-4089-8
Date of Disbursement or Obligation
07 / 31 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Casey Stockton
Mailing Address
105 South Dale St
City
Spruce Pine State
NC Zip Code
28777
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
21.30
Transaction ID : bcd56b92-29b5-498c-a
Date of Disbursement or Obligation
07 / 31 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
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 [Electronically Filed] Date 05 / 14 / 2015
Signature





**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>	
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 <b>Mr. Haley Brown</b>		Date of Public Distribution/Dissemination <b>07 / 31 / 2014</b>	
Mailing Address <b>344 Natalie Drive</b>		Amount <b>5.40</b>	
City <b>Winston-Salem</b>	State <b>NC</b>	Zip Code <b>27030</b>	Transaction ID : <b>92172cb8-c416-4c07-b</b>
Purpose of Expenditure <b>Mileage</b>		Category/Type <b>002</b>	Date of Disbursement or Obligation <b>07 / 31 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Matt Gleb</b>		Date of Public Distribution/Dissemination <b>07 / 31 / 2014</b>	
Mailing Address <b>3815 Robin Road</b>		Amount <b>13.00</b>	
City <b>Ayden</b>	State <b>NC</b>	Zip Code <b>28513</b>	Transaction ID : <b>c4cf4271-9119-4f48-a</b>
Purpose of Expenditure <b>Salary</b>		Category/Type <b>001</b>	Date of Disbursement or Obligation <b>07 / 31 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>18.40</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

Ms. Emily Buchanan [Electronically Filed] Date **05 / 14 / 2015**

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
Matt Gleb
Mailing Address
3815 Robin Road
City
Ayden State
NC Zip Code
28513
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
10.50
Transaction ID : 9b0bfd45-fe3e-40b1-9
Date of Disbursement or Obligation
07 / 31 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Steven Best
Mailing Address
103 Washington Ave
City
Newport State
NC Zip Code
28570
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
40.00
Transaction ID : 65aed1ed-322d-4775-9
Date of Disbursement or Obligation
07 / 31 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 50.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Caleb Craig
Mailing Address
1410 Bushville drive
City
Lenoir State
NC Zip Code
28645
Purpose of Expenditure
Mileage Category/
Type 002
Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
17.40
Transaction ID : 66e84246-4694-4f9b-9
Date of Disbursement or Obligation
07 / 31 / 2014
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Office Sought: House District: 00
President Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought 1095959.94
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Jeremy Hollar
Mailing Address
121 Meadowview Drive
City
Boone State
NC Zip Code
28607
Purpose of Expenditure
Salary Category/
Type 001
Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
40.00
Transaction ID : 6091995f-32d4-41da-a
Date of Disbursement or Obligation
07 / 31 / 2014
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Office Sought: House District: 00
President Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought 1095959.94
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 57.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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
Jeremy Hollar
Mailing Address
121 Meadowview Drive
City
Boone State
NC Zip Code
28607
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
17.40
Transaction ID : ef91e781-e012-4008-a
Date of Disbursement or Obligation
07 / 31 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
2014 Other (specify)

Full Name of Payee
Steven Jean
Mailing Address
2012 Harrison Ave
City
Winston Salem State
NC Zip Code
27105
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
80.00
Transaction ID : 6ca145ea-7ca4-4b15-8
Date of Disbursement or Obligation
07 / 31 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 97.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Steven Jean
Mailing Address
2012 Harrison Ave
City
Winston Salem State
NC Zip Code
27105
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
9.00
Transaction ID : 6afc8ad3-72cc-47db-9
Date of Disbursement or Obligation
07 / 31 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

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
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
45.00
Transaction ID : ef8893c5-adfc-4725-a
Date of Disbursement or Obligation
07 / 31 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 54.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>	
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 <b>Virginia M Stevens</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 31 / 2014</b>	
Mailing Address 1691 Fork Mtn Rd		Amount <b>70.00</b>	
City <b>Bakersville</b>	State <b>NC</b>	Zip Code <b>28705</b>	Transaction ID : <b>7bb672ec-4e6d-4c37-8</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 31 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Virginia M Stevens</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 / 31 / 2014</b>	
Mailing Address 1691 Fork Mtn Rd		Amount <b>30.30</b>	
City <b>Bakersville</b>	State <b>NC</b>	Zip Code <b>28705</b>	Transaction ID : <b>f6b5fafb-1950-4409-8</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 / 31 / 2014</b>	
Name of Federal Candidate <b>Ms. Kay Hagan</b>		Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>100.30</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....▶	

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

*Ms. Emily Buchanan* [Electronically Filed] Date **05 / 14 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Malinda Ledford</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 31 / 2014</b>
Mailing Address 44 Bell Street Ext	Amount <b>70.00</b>
City Spruce Pine	State NC
Zip Code 28777	<b>Transaction ID : e4c88ffb-7c0f-402c-8</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 31 / 2014</b>
Category/Type <b>001</b>	Name of Federal Candidate Ms. Kay Hagan
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Malinda Ledford</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 31 / 2014</b>
Mailing Address 44 Bell Street Ext	Amount <b>30.30</b>
City Spruce Pine	State NC
Zip Code 28777	<b>Transaction ID : 6bf0c898-6854-446f-a</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 31 / 2014</b>
Category/Type <b>002</b>	Name of Federal Candidate Ms. Kay Hagan
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>100.30</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**



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: Cassidy L Tyer
Mailing Address: 41 Hawk Hollow Trail
City: Burgaw, State: NC, Zip Code: 28425
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/31/2014
Amount: 25.00
Transaction ID: 11f2db54-09fb-47eb-a
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Cassidy L Tyer
Mailing Address: 41 Hawk Hollow Trail
City: Burgaw, State: NC, Zip Code: 28425
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/31/2014
Amount: 12.60
Transaction ID: 5d705fe9-ee86-4cd5-a
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] General, 2014

(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.

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name of Payee <b>Ralphie Lockhart</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 6310 Col Glenn Rd		Amount <input type="text"/>
City Little Rock	State AR	Zip Code 72204
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 10e3d7c9-d716-4e06-b Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate Mr. Mark L Pryor	<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: AR
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 <b>OBrian Price</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 2400 Covenant Cove		Amount <input type="text"/>
City Little Rock	State AR	Zip Code 72204
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 915dc27c-04c9-44ef-a Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate Mr. Mark L Pryor	<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: AR
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) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<input type="text"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<input type="text"/>
(c) <b>TOTAL</b> 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 [Electronically Filed] Date  /  /

Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>OBrian Price</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014		
Mailing Address 2400 Covenant Cove			Amount 9.60		
City Little Rock	State AR	Zip Code 72204	<b>Transaction ID : Offea692-4b32-4fdd-b</b>		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00	State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name of Payee <b>Larry Freeman</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2014		
Mailing Address 11214 Mesa drive			Amount 45.00		
City Little rock	State AR	Zip Code 72211	<b>Transaction ID : 31c04307-56dd-4fb7-a</b>		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00	State: AR
Calendar Year-To-Date Per Election for Office Sought		292370.62	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	54.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

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

Signature: Ms. Emily Buchanan      [Electronically Filed]      Date: MM / DD / YYYY  
 05 / 14 / 2015

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: Theresa A Touchet
Mailing Address: 102 French Street #3
City: New Orleans, State: LA, Zip Code: 70124
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/31/2014
Amount: 11.00
Transaction ID: 769666ba-fd17-4b3d-9
Date of Disbursement or Obligation: 07/31/2014
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: 554635.78

Full Name of Payee: Theresa A Touchet
Mailing Address: 102 French Street #3
City: New Orleans, State: LA, Zip Code: 70124
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/31/2014
Amount: 0.30
Transaction ID: 6663f66c-5dcd-48bd-b
Date of Disbursement or Obligation: 07/31/2014
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: 554635.78

(a) SUBTOTAL of Itemized Independent Expenditures: 11.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
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: Barbara A Williams
Mailing Address: 3002 Darden Rd Apt A
City: Greensboro State: NC Zip Code: 27407
Purpose of Expenditure: Salary Category/Type: 001
Date of Public Distribution/Dissemination: 07/31/2014
Amount: 100.00
Transaction ID: f62940e4-ad6a-4d0b-a
Date of Disbursement or Obligation: 07/31/2014
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate State: NC
Disbursement For: General 2014

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: 07/31/2014
Amount: 80.00
Transaction ID: 6a0b2698-874f-4ff5-9
Date of Disbursement or Obligation: 07/31/2014
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate State: NC
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 180.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015

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
Elizabeth Hanks
Mailing Address 891 W. Melmar
City Fayetteville State AR Zip Code 72703
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/31/2014
Amount 30.00
Transaction ID : 997e0a96-e93d-4193-b
Date of Disbursement or Obligation 07/31/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Elizabeth Hanks
Mailing Address 891 W. Melmar
City Fayetteville State AR Zip Code 72703
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/31/2014
Amount 9.30
Transaction ID : 189f478b-6c30-43c6-a
Date of Disbursement or Obligation 07/31/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 39.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Anthony Pearson
Mailing Address: 112 apache Dr
City: Search State: AR Zip Code: 72149
Purpose of Expenditure: Salary Category/Type: 001
Date of Public Distribution/Dissemination: 07/31/2014
Amount: 15.00
Transaction ID: 0e29b8d9-c2a7-4157-8
Name of Federal Candidate: Mr. Mark L Pryor
Office Sought: Senate State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: General 2014

Full Name of Payee: Anthony Pearson
Mailing Address: 112 apache Dr
City: Search State: AR Zip Code: 72149
Purpose of Expenditure: Mileage Category/Type: 002
Date of Public Distribution/Dissemination: 07/31/2014
Amount: 7.95
Transaction ID: ddc48d1-3fbf-4a9e-8
Name of Federal Candidate: Mr. Mark L Pryor
Office Sought: Senate State: AR
Calendar Year-To-Date Per Election for Office Sought: 292370.62
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 22.95
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Corey Miller</b>		Date of Public Distribution/Dissemination 07 / 31 / 2014	
Mailing Address 8617 Riley Hills Rd		Amount 40.00	
City Zebulon	State NC	Zip Code 27597	Transaction ID : 93b26933-3aa6-4924-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation 07 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Corey Miller</b>		Date of Public Distribution/Dissemination 07 / 31 / 2014	
Mailing Address 8617 Riley Hills Rd		Amount 15.00	
City Zebulon	State NC	Zip Code 27597	Transaction ID : e328b858-f01e-4a71-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation 07 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095959.94	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	55.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 05 / 14 / 2015



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: Andrea Melton
Mailing Address: 4015 Village Place
City: Winston-Salem, State: NC, Zip Code: 27127
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/31/2014
Amount: 15.00
Transaction ID: 7c7dd203-3941-4fcc-b
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Andrea Melton
Mailing Address: 4015 Village Place
City: Winston-Salem, State: NC, Zip Code: 27127
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/31/2014
Amount: 7.80
Transaction ID: c54722c2-1e6f-42e1-b
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 22.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="margin-left: 20px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Bonnie C Blackburn</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 31 / 2014</b>
Mailing Address <b>2261 King George Ct.</b>	Amount <b>15.00</b> <b>Transaction ID : bbf85dcf-819a-4d35-9</b>
City <b>Winston-Salem</b> State <b>NC</b> Zip Code <b>27103</b>	
Purpose of Expenditure <b>Salary</b> Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 31 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b> <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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Eric J Smith</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 31 / 2014</b>
Mailing Address <b>4967 Dysartville</b>	Amount <b>80.00</b> <b>Transaction ID : fea6b9e5-ac04-42a9-8</b>
City <b>Morganton</b> State <b>NC</b> Zip Code <b>28655</b>	
Purpose of Expenditure <b>Salary</b> Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 31 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b> <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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>95.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>										
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		<table border="1"><tr><td>M M M</td><td>/</td><td>D D D</td><td>/</td><td>Y Y Y Y Y Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>	M M M	/	D D D	/	Y Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y Y								

Full Name of Payee <b>Eric J Smith</b>		Date of Public Distribution/Dissemination <table border="1"><tr><td>M M M</td><td>/</td><td>D D D</td><td>/</td><td>Y Y Y Y Y Y</td></tr><tr><td>07</td><td></td><td>31</td><td></td><td>2014</td></tr></table>		M M M	/	D D D	/	Y Y Y Y Y Y	07		31		2014	
M M M	/	D D D	/	Y Y Y Y Y Y										
07		31		2014										
Mailing Address 4967 Dysartville		Amount <table border="1"><tr><td></td><td></td><td></td><td></td><td>5.40</td></tr></table>						5.40						
				5.40										
City Morganton	State NC	Zip Code 28655	Transaction ID : <b>c5fab130-a7d3-4ee3-8</b>											
Purpose of Expenditure Mileage		Category/ Type <table border="1"><tr><td>002</td></tr></table>	002	Date of Disbursement or Obligation <table border="1"><tr><td>M M M</td><td>/</td><td>D D D</td><td>/</td><td>Y Y Y Y Y Y</td></tr><tr><td>07</td><td></td><td>31</td><td></td><td>2014</td></tr></table>	M M M	/	D D D	/	Y Y Y Y Y Y	07		31		2014
002														
M M M	/	D D D	/	Y Y Y Y Y Y										
07		31		2014										
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>											
Calendar Year-To-Date Per Election for Office Sought <table border="1"><tr><td>1095959.94</td></tr></table>		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____											
1095959.94														

Full Name of Payee <b>Jennifer E Smith</b>		Date of Public Distribution/Dissemination <table border="1"><tr><td>M M M</td><td>/</td><td>D D D</td><td>/</td><td>Y Y Y Y Y Y</td></tr><tr><td>07</td><td></td><td>31</td><td></td><td>2014</td></tr></table>		M M M	/	D D D	/	Y Y Y Y Y Y	07		31		2014	
M M M	/	D D D	/	Y Y Y Y Y Y										
07		31		2014										
Mailing Address 4967 Dysartville Rd		Amount <table border="1"><tr><td></td><td></td><td></td><td></td><td>80.00</td></tr></table>						80.00						
				80.00										
City Morganton	State NC	Zip Code 28655	Transaction ID : <b>bdaa7d76-f262-453c-8</b>											
Purpose of Expenditure Salary		Category/ Type <table border="1"><tr><td>001</td></tr></table>	001	Date of Disbursement or Obligation <table border="1"><tr><td>M M M</td><td>/</td><td>D D D</td><td>/</td><td>Y Y Y Y Y Y</td></tr><tr><td>07</td><td></td><td>31</td><td></td><td>2014</td></tr></table>	M M M	/	D D D	/	Y Y Y Y Y Y	07		31		2014
001														
M M M	/	D D D	/	Y Y Y Y Y Y										
07		31		2014										
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>											
Calendar Year-To-Date Per Election for Office Sought <table border="1"><tr><td>1095959.94</td></tr></table>		1095959.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____											
1095959.94														

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<table border="1"><tr><td>85.40</td></tr></table>	85.40
85.40		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<table border="1"><tr><td></td></tr></table>	
(c) <b>TOTAL</b> Independent Expenditures.....▶	<table border="1"><tr><td></td></tr></table>	

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

Ms. Emily Buchanan [Electronically Filed] Date 

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2015

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: Solveig Lysne
Mailing Address: 7121 Oyster Lane
City: Wilmington, State: NC, Zip Code: 28411
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/31/2014
Amount: 52.40
Transaction ID: fbea7a5c-8674-4572-8
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Solveig Lysne
Mailing Address: 7121 Oyster Lane
City: Wilmington, State: NC, Zip Code: 28411
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/31/2014
Amount: 5.67
Transaction ID: 33e0c631-6691-437a-8
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 58.07
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C C00530766</b>	
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 <b>Vonniqua Jackson</b>			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 31 2014</b>	
Mailing Address 111 Westchester Blvd Apt D4			Amount <b>21.00</b>	
City Slidell	State LA	Zip Code 70458	Transaction ID : <b>2f9309c3-6a36-4e7d-b</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 31 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Vonniqua Jackson</b>			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>07 31 2014</b>	
Mailing Address 111 Westchester Blvd Apt D4			Amount <b>0.90</b>	
City Slidell	State LA	Zip Code 70458	Transaction ID : <b>36704e80-2537-4a98-b</b> Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>07 31 2014</b>	
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 <b>554635.78</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>21.90</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

[Electronically Filed]



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	FEC IDENTIFICATION NUMBER <b>C</b> C00530766
---	---

Check if  24-hour report  48-hour report  New report  Amends report filed on  /  /

Full Name of Payee <b>Allie Butler</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1676 Shady Creek Rd		Amount <input type="text"/>	
City Ayden	State NC	Zip Code 28513	Transaction ID : 290e9526-19fd-4651-a Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Salary	Category/Type 001	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
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 <b>Emily Butler</b>		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1676 Shady Creek Rd		Amount <input type="text"/>	
City Ayden	State NC	Zip Code 28513	Transaction ID : 8afa9b13-8ee8-4a2f-9 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Salary	Category/Type 001	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
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) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<input type="text"/>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<input type="text"/>
(c) <b>TOTAL</b> 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.

Signature Ms. Emily Buchanan [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 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
Lily 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
07 / 31 / 2014
Amount
80.00
Transaction ID : e493ea5f-0b90-457e-b
Date of Disbursement or Obligation
07 / 31 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State:
LA
Disbursement For:
General
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Full Name of Payee
Lily 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
07 / 31 / 2014
Amount
22.50
Transaction ID : 78e20300-2c43-48ed-a
Date of Disbursement or Obligation
07 / 31 / 2014
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
Senate State:
LA
Disbursement For:
General
Calendar Year-To-Date
Per Election for Office Sought
554635.78

(a) SUBTOTAL of Itemized Independent Expenditures..... 102.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Tylan S Green</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 31 / 2014</b>
Mailing Address 2320 Saint Nick Dr	Amount <b>70.00</b>
City State Zip Code New Orleans LA 70131	<b>Transaction ID : d337a319-e5e2-445b-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 31 / 2014</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Tylan S Green</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 31 / 2014</b>
Mailing Address 2320 Saint Nick Dr	Amount <b>10.50</b>
City State Zip Code New Orleans LA 70131	<b>Transaction ID : a71ae1d4-4f8b-456b-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 31 / 2014</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>
Name of Federal Candidate Ms. Kay Hagan	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>80.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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 Jeffrey Hampton
Mailing Address 1700 E Part Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/31/2014
Amount 22.50
Transaction ID : 67929e35-8ef9-4e46-9
Date of Disbursement or Obligation 07/31/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Jeffrey Hampton
Mailing Address 1700 E Part Ave
City Searcy State AR Zip Code 72149
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/31/2014
Amount 23.64
Transaction ID : 2332bc07-0ffd-42f2-a
Date of Disbursement or Obligation 07/31/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 46.14
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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 Kelly Dolan
Mailing Address 543 S 2nd St
City Bellaire State NC Zip Code 77401
Date of Public Distribution/Dissemination 07/31/2014
Amount 70.00
Transaction ID : 50dd4f59-6d3a-4eb8-9
Purpose of Expenditure Salary Category/Type 001
Date of Disbursement or Obligation 07/31/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94 Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee Kelly Dolan
Mailing Address 543 S 2nd St
City Bellaire State NC Zip Code 77401
Date of Public Distribution/Dissemination 07/31/2014
Amount 10.20
Transaction ID : 0748dd12-e6f0-459e-b
Purpose of Expenditure Mileage Category/Type 002
Date of Disbursement or Obligation 07/31/2014
Name of Federal Candidate Ms. Kay Hagan Support Oppose Office Sought: House Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095959.94 Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 80.20
(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 05/14/2015
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: Dylan Simon
Mailing Address: 111 Millrock Drive
City: Lafayette, State: LA, Zip Code: 70508
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/31/2014
Amount: 31.33
Transaction ID: 8493f4e3-e594-4a90-9
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Dylan Simon
Mailing Address: 111 Millrock Drive
City: Lafayette, State: LA, Zip Code: 70508
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/31/2014
Amount: 4.11
Transaction ID: b8228029-a1ec-45c0-a
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 35.44
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
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 Ms. Chassidy Menard
Mailing Address 515 Walter Dr.
City Lafayette State LA Zip Code 70507
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/31/2014
Amount 10.00
Transaction ID : e4a4df4d-b13c-4bc7-b
Date of Disbursement or Obligation 07/31/2014
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 Ms. Chassidy Menard
Mailing Address 515 Walter Dr.
City Lafayette State LA Zip Code 70507
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/31/2014
Amount 2.10
Transaction ID : bc122b3a-afb2-468a-9
Date of Disbursement or Obligation 07/31/2014
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 12.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Cory Bryson
Mailing Address: 216 Dogwood Ln
City: Belmont, State: NC, Zip Code: 28012
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/31/2014
Amount: 105.00
Transaction ID: db60bf1d-318a-4bdf-9
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Cory Bryson
Mailing Address: 216 Dogwood Ln
City: Belmont, State: NC, Zip Code: 28012
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/31/2014
Amount: 24.90
Transaction ID: 7592c058-12a1-48f2-8
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures..... 129.90
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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: Barbara E Spritz
Mailing Address: 3346 Durham St Ext
City: Burlington, State: NC, Zip Code: 27217
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/31/2014
Amount: 50.00
Transaction ID: fabc6fdb-97f6-426c-a
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General 2014, [ ] Other (specify)

Full Name of Payee: Barbara E Spritz
Mailing Address: 3346 Durham St Ext
City: Burlington, State: NC, Zip Code: 27217
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/31/2014
Amount: 3.30
Transaction ID: dbc885ee-5b16-4450-8
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General 2014, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 53.30
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Barbara E Spritz</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 31 / 2014</b>	
Mailing Address 3346 Durham St Ext		Amount <b>50.00</b>	
City Burlington	State NC	Zip Code 27217	<b>Transaction ID : 68d5d000-5760-4d88-9</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 31 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Barbara E Spritz</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 31 / 2014</b>	
Mailing Address 3346 Durham St Ext		Amount <b>3.30</b>	
City Burlington	State NC	Zip Code 27217	<b>Transaction ID : 7ab5e50f-d64a-44aa-9</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 31 / 2014</b>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>53.30</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**



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
Phillip Williams
Mailing Address 3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/31/2014
Amount 55.00
Transaction ID : 8958a0e8-c845-4c3a-a
Date of Disbursement or Obligation 07/31/2014
Name of Federal Candidate Ms. Kay Hagan
Office Sought: Senate State: NC
Disbursement For: General 2014

Full Name of Payee
Phillip Williams
Mailing Address 3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/31/2014
Amount 10.80
Transaction ID : 5f26d595-a959-4490-a
Date of Disbursement or Obligation 07/31/2014
Name of Federal Candidate Ms. Kay Hagan
Office Sought: Senate State: NC
Disbursement For: General 2014

(a) SUBTOTAL of Itemized Independent Expenditures 65.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Beverly Williams
Mailing Address
3007 Darden Rd
City Greensboro State NC Zip Code 27407
Purpose of Expenditure
Salary Category/Type 001
Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
55.00
Transaction ID : 1985c284-b558-4628-8
Date of Disbursement or Obligation
07 / 31 / 2014
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought 1095959.94
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Jon Linch
Mailing Address
6108 Harkins Ave
City Little Rock State AR Zip Code 72210
Purpose of Expenditure
Salary Category/Type 001
Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
70.00
Transaction ID : 83e79a0f-87b4-4fba-8
Date of Disbursement or Obligation
07 / 31 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought 292370.62
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 125.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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 Linch
Mailing Address
6108 Harkins Ave
City
Little Rock State
AR Zip Code
72210
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
29.10
Transaction ID : 805badb1-bd42-4c10-9
Date of Disbursement or Obligation
07 / 31 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Cassidy Quartararo
Mailing Address
632 Cameron Court
City
Kenner State
LA Zip Code
70065
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
65.00
Transaction ID : 2b8f9030-e4d6-44eb-a
Date of Disbursement or Obligation
07 / 31 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 94.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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
Cassidy Quartararo
Mailing Address
632 Cameron Court
City
Kenner State
LA Zip Code
70065
Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
11.67
Transaction ID : ea8aabfd-99ba-42cc-a
Date of Disbursement or Obligation
07 / 31 / 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
554635.78
Disbursement For: Primary General 2014 Other (specify)

Full Name of Payee
Theresa Burkhart
Mailing Address
3126 Chester Ct
City
Metairie State
LA Zip Code
70006
Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
65.00
Transaction ID : 95e95160-d552-4bff-a
Date of Disbursement or Obligation
07 / 31 / 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
554635.78
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 76.67
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Lee R Carter
Mailing Address: 3110 Brentwood Rd
City: Raleigh, State: NC, Zip Code: 27604
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/31/2014
Amount: 60.00
Transaction ID: db61418d-ada9-47d4-b
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

Full Name of Payee: Lee R Carter
Mailing Address: 3110 Brentwood Rd
City: Raleigh, State: NC, Zip Code: 27604
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/31/2014
Amount: 4.50
Transaction ID: d2224a5a-151a-4f6c-9
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, 2014

(a) SUBTOTAL of Itemized Independent Expenditures: 64.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date: 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Diane Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 31 / 2014</b>
Mailing Address 4006 Wolkswalk Place		Amount <b>30.00</b>
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27610</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>	Transaction ID : <b>f5934508-59e6-4c03-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 31 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Diane Smith</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 31 / 2014</b>
Mailing Address 4006 Wolkswalk Place		Amount <b>9.00</b>
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27610</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>	Transaction ID : <b>7283c778-9add-46f1-a</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 31 / 2014</b>
Name of Federal Candidate <b>Ms. Kay Hagan</b>	<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought	<b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>39.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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 **05 / 14 / 2015**

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
07 / 31 / 2014
Amount
40.00
Transaction ID : 45000c72-71e1-48e9-9
Date of Disbursement or Obligation
07 / 31 / 2014

Name of Federal Candidate
Ms. Kay Hagan
Support
Oppose
Office Sought:
House
Senate
District: 00
State: NC

Disbursement For:
Primary
General
Other (specify)
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Full Name of Payee
Sarinda S Dudley
Mailing Address
4367 Splitlog Rd
City
Goodman State
MO Zip Code
64843
Purpose of Expenditure
Salary Category/
Type
001

Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
30.00
Transaction ID : 57d84e62-ffad-4e81-b
Date of Disbursement or Obligation
07 / 31 / 2014

Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Office Sought:
House
Senate
District: 00
State: AR

Disbursement For:
Primary
General
Other (specify)
Calendar Year-To-Date
Per Election for Office Sought
292370.62

(a) SUBTOTAL of Itemized Independent Expenditures..... 70.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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
Sarinda S Dudley
Mailing Address
4367 Splitlog Rd
City
Goodman State
MO Zip Code
64843
Purpose of Expenditure
Mileage Category/
Type 002

Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
24.00
Transaction ID : 9f8efc5a-1353-4bb8-9
Date of Disbursement or Obligation
07 / 31 / 2014

Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Office Sought:
House
Senate
District: 00
State: AR

Disbursement For:
Primary
General
Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
292370.62
Full Name of Payee
Patrice Wolfe
Mailing Address
9909 Treasure Hill Rd
City
Little Rock State
AR Zip Code
72205
Purpose of Expenditure
Salary Category/
Type 001

Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
15.00
Transaction ID : b4c1cf31-7114-4844-8
Date of Disbursement or Obligation
07 / 31 / 2014

Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Office Sought:
House
Senate
District: 00
State: AR

Disbursement For:
Primary
General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 39.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Patrice Wolfe</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 31 / 2014</b>
Mailing Address 9909 Treasure Hill Rd	Amount <b>3.00</b>
City State Zip Code Little Rock AR 72205	<b>Transaction ID : d66eec1d-dfa4-4c90-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 31 / 2014</b>
Purpose of Expenditure Mileage	Category/Type <b>002</b>
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Alexa S Dudley</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 31 / 2014</b>
Mailing Address 4367 Splitlog Rd	Amount <b>30.00</b>
City State Zip Code Goodman MO 64843	<b>Transaction ID : 00a2d5a1-f932-4419-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 31 / 2014</b>
Purpose of Expenditure Salary	Category/Type <b>001</b>
Name of Federal Candidate Mr. Mark L Pryor	<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>AR</u>
Calendar Year-To-Date Per Election for Office Sought <b>292370.62</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>33.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

*Ms. Emily Buchanan*      **[Electronically Filed]**      Date **05 / 14 / 2015**

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
Alexa S Dudley
Date of Public Distribution/Dissemination
07 / 31 / 2014
Mailing Address
4367 Splitlog Rd
Amount
3.90
City
Goodman State
MO Zip Code
64843
Transaction ID : 15707a1e-913f-4c5e-8
Purpose of Expenditure
Mileage Category/
Type 002
Date of Disbursement or Obligation
07 / 31 / 2014
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose Office Sought:
House Senate State:
AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Lisa Booth
Date of Public Distribution/Dissemination
07 / 31 / 2014
Mailing Address
1434 South Avenue
Amount
95.00
City
Eden State
NC Zip Code
27288
Transaction ID : 9ab51151-f025-4738-b
Purpose of Expenditure
Salary Category/
Type 001
Date of Disbursement or Obligation
07 / 31 / 2014
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose Office Sought:
House Senate State:
NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 98.90
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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: Lisa Booth
Mailing Address: 1434 South Avenue
City: Eden, State: NC, Zip Code: 27288
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 17.40
Transaction ID: 73e817bd-f935-42dd-a
Date of Disbursement or Obligation: 07/31/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] 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
Amount: 35.00
Transaction ID: 14ebb47d-b5fa-4aea-b
Date of Disbursement or Obligation: 07/31/2014
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, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 52.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
30.90
Transaction ID : 8270a08d-ad8b-48c5-8
Date of Disbursement or Obligation
07 / 31 / 2014
Purpose of Expenditure
Mileage Category/Type
002
Name of Federal Candidate
Ms. Mary L Landrieu
Office Sought:
House District: 00
Senate State: LA
Calendar Year-To-Date
Per Election for Office Sought
554635.78
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Bradley K Kissinger
Mailing Address
3113 Imperial Valley Dr.
City
Little Rock State
AR Zip Code
72212
Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
55.00
Transaction ID : d31094e4-5c5f-4d81-8
Date of Disbursement or Obligation
07 / 31 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Mr. Mark L Pryor
Office Sought:
House District: 00
Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 85.90
(b) SUBTOTAL of Unitemized Independent Expenditures .....
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Bradley K Kissinger</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 31 / 2014
Mailing Address 3113 Imperial Valley Dr.	Amount <span style="border: 1px solid black; padding: 2px;">12.30</span>
City Little Rock State AR Zip Code 72212	<b>Transaction ID : fb22510f-38cb-423a-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 31 / 2014
Purpose of Expenditure Mileage Category/Type <span style="border: 1px solid black; padding: 2px;">002</span>	Name of Federal Candidate Mr. Mark L Pryor <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: AR
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">292370.62</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>ERIC TABARY</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 31 / 2014
Mailing Address 6101 NORA ST	Amount <span style="border: 1px solid black; padding: 2px;">40.00</span>
City METAIRIE State LA Zip Code 70003	<b>Transaction ID : d87fff90-f93d-4885-8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 07 / 31 / 2014
Purpose of Expenditure Salary Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	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 <span style="border: 1px solid black; padding: 2px;">554635.78</span>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">52.30</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
05 / 14 / 2015

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
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
0.90
Transaction ID : 43c83d2d-7299-4c51-9
Date of Disbursement or Obligation
07 / 31 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Melanie Slagle
Mailing Address
77 Southridge Drive
City
Spruce Pine State
NC Zip Code
28777
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
12.00
Transaction ID : 65eb7881-e8b7-46d7-b
Date of Disbursement or Obligation
07 / 31 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 12.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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
Melanie Slagle
Mailing Address
77 Southridge Drive
City
Spruce Pine State
NC Zip Code
28777
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
6.00
Transaction ID : 1c9b4536-ebef-4828-a
Date of Disbursement or Obligation
07 / 31 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Francis Richardson
Mailing Address
220 Doucet Rd
City
Lafayette State
LA Zip Code
70503
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
35.00
Transaction ID : e861fetc-2b44-4165-b
Date of Disbursement or Obligation
07 / 31 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 41.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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
Francis Richardson
Mailing Address
220 Doucet Rd
City
Lafayette State
LA Zip Code
70503
Purpose of Expenditure
Mileage Category/Type
002
Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
3.42
Transaction ID : 64f3c139-ce9c-46a9-9
Date of Disbursement or Obligation
07 / 31 / 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
554635.78
Disbursement For: Primary General
2014 Other (specify)

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
07 / 31 / 2014
Amount
80.00
Transaction ID : ecc03497-d623-4908-b
Date of Disbursement or Obligation
07 / 31 / 2014
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 83.42
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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 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. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
90.00
Transaction ID : 76c1c49b-b180-4511-a
Date of Disbursement or Obligation
07 / 31 / 2014
Office Sought:
House District: 00
Senate State: NC
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. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
80.00
Transaction ID : 5fef4d64-d617-41f2-9
Date of Disbursement or Obligation
07 / 31 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 170.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination 07 / 31 / 2014	
Mailing Address 6412 Osage Dr		Amount 45.00	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 464082a6-0a2b-4c20-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation 07 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<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: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Kenny Wallis</b>		Date of Public Distribution/Dissemination 07 / 31 / 2014	
Mailing Address 6412 Osage Dr		Amount 21.00	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 1e366656-ad63-4d56-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation 07 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		<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: AR
Calendar Year-To-Date Per Election for Office Sought 292370.62		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	66.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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

*Ms. Emily Buchanan* [Electronically Filed] Date 05 / 14 / 2015

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
Rze Culbreath
Mailing Address
100 Asbury Ct
City
Winchester State
VA Zip Code
22602
Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
80.00
Transaction ID : 85ae8339-4905-4496-b
Date of Disbursement or Obligation
07 / 31 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan
Office Sought:
House District: 00
Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Jon E Conner
Mailing Address
100 Asbury Ct
City
Winchester State
VA Zip Code
22602
Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
50.00
Transaction ID : 1f548bfd-6d98-4569-9
Date of Disbursement or Obligation
07 / 31 / 2014
Purpose of Expenditure
Salary Category/Type
001
Name of Federal Candidate
Ms. Kay Hagan
Office Sought:
House District: 00
Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 130.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan
[Electronically Filed]
Date
05 / 14 / 2015
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 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 554635.78

Date of Public Distribution/Dissemination 07/31/2014
Amount 55.00
Transaction ID : 0c93c130-5fd9-4b61-9
Date of Disbursement or Obligation 07/31/2014
Office Sought: House District: 00
President 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 Mileage Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu Support Oppose
Calendar Year-To-Date Per Election for Office Sought 554635.78

Date of Public Distribution/Dissemination 07/31/2014
Amount 35.10
Transaction ID : 9415e466-bc04-4eab-8
Date of Disbursement or Obligation 07/31/2014
Office Sought: House District: 00
President Senate State: LA
Disbursement For: Primary General 2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 90.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Carmen Maddrey</b>		Date of Public Distribution/Dissemination 07 / 31 / 2014	
Mailing Address 2043 Nottingham Ln		Amount 80.00	
City Burlington	State NC	Zip Code 27215	Transaction ID : <b>f4b9fa3c-0942-43c5-a</b>
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation 07 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Carmen Maddrey</b>		Date of Public Distribution/Dissemination 07 / 31 / 2014	
Mailing Address 2043 Nottingham Ln		Amount 3.90	
City Burlington	State NC	Zip Code 27215	Transaction ID : <b>53f9d584-6433-4374-b</b>
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation 07 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095959.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> 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.

Signature Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015

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: Petrina Williams
Mailing Address: 3007 Darden Rd
City: Greensboro, State: NC, Zip Code: 27407
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/31/2014
Amount: 100.00
Transaction ID: 3972394d-adf9-4048-9
Date of Disbursement or Obligation: 07/31/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Petrina Williams
Mailing Address: 3007 Darden Rd
City: Greensboro, State: NC, Zip Code: 27407
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/31/2014
Amount: 21.60
Transaction ID: 2b1255eb-6d51-49b3-8
Date of Disbursement or Obligation: 07/31/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] House, [X] Senate, District: 00, State: NC
Calendar Year-To-Date Per Election for Office Sought: 1095959.94
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 121.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="margin-left: 20px;">MM / DD / YYYY</span>	

Full Name of Payee <b>Ms. Tonya Boyd</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 31 / 2014</b>
Mailing Address <b>2357 Fancy Cap Rd</b>	Amount <b>85.00</b>
City <b>Mt. Airy</b> State <b>NC</b> Zip Code <b>27030</b>	<b>Transaction ID : f40f477b-ea0a-4c63-b</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 31 / 2014</b>
Purpose of Expenditure <b>Salary</b> Category/Type <b>001</b>	Name of Federal Candidate <b>Ms. Kay Hagan</b> <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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Ms. Tonya Boyd</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 31 / 2014</b>
Mailing Address <b>2357 Fancy Cap Rd</b>	Amount <b>33.60</b>
City <b>Mt. Airy</b> State <b>NC</b> Zip Code <b>27030</b>	<b>Transaction ID : 1425b91d-439d-48d4-9</b> Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 31 / 2014</b>
Purpose of Expenditure <b>Mileage</b> Category/Type <b>002</b>	Name of Federal Candidate <b>Ms. Kay Hagan</b> <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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <b>1095959.94</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>118.60</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
<b>(c) TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  
**05 / 14 / 2015**

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: Timothy Foley
Mailing Address: 20679 Glenbrook Terrace
City: Sterling VA Zip Code: 20165
Purpose of Expenditure: Salary Category/Type: 001
Date of Public Distribution/Dissemination: 07/31/2014
Amount: 60.00
Transaction ID: 3911912a-e379-42d7-9
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate State: NC
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 1095959.94

Full Name of Payee: Courtney Goldstein
Mailing Address: 1809 N Woodlawn
City: Metairie LA Zip Code: 70001
Purpose of Expenditure: Salary Category/Type: 001
Date of Public Distribution/Dissemination: 07/31/2014
Amount: 35.00
Transaction ID: 568f4c35-46be-47f8-8
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: 554635.78

(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: 05/14/2015



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: Courtney Goldstein
Mailing Address: 1809 N Woodlawn
City: Metairie, State: LA, Zip Code: 70001
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/31/2014
Amount: 3.60
Transaction ID: 8621ff73-952a-4bd8-8
Date of Disbursement or Obligation: 07/31/2014
Name of Federal Candidate: Ms. Mary L Landrieu
Office Sought: Senate, State: LA
Disbursement For: General

Full Name of Payee: Ralph Smith
Mailing Address: 2090 Fancy Gap Rd
City: Mt. Airy, State: NC, Zip Code: 27030
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/31/2014
Amount: 85.00
Transaction ID: f5695203-7fe6-4251-8
Date of Disbursement or Obligation: 07/31/2014
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate, State: NC
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 88.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Signature: Ms. Emily Buchanan [Electronically Filed] Date: 05/14/2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		FEC IDENTIFICATION NUMBER <b>C</b> 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 <b>Ralph Smith</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 31 / 2014</b>
Mailing Address 2090 Fancy Gap Rd	Amount <b>33.60</b>
City Mt. Airy	State NC
Zip Code 27030	Transaction ID : <b>c2713843-9f71-4c8a-b</b>
Purpose of Expenditure Mileage	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 31 / 2014</b>
Category/Type <b>002</b>	
Name of Federal Candidate Ms. Kay Hagan	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>	
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) ▶
<b>1095959.94</b>	

Full Name of Payee <b>Chris McCoy</b>	Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 31 / 2014</b>
Mailing Address 1025 Cayley Ct	Amount <b>57.50</b>
City High Point	State NC
Zip Code 27260	Transaction ID : <b>7703169f-5116-4851-9</b>
Purpose of Expenditure Salary	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 31 / 2014</b>
Category/Type <b>001</b>	
Name of Federal Candidate Ms. Kay Hagan	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/>	
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) ▶
<b>1095959.94</b>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>91.10</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or 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  
**05 / 14 / 2015**

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: Chris McCoy
Mailing Address: 1025 Cayley Ct
City: High Point, State: NC, Zip Code: 27260
Purpose of Expenditure: Mileage, Category/Type: 002
Amount: 14.70
Transaction ID: acd032ca-30f9-4ed9-9
Date of Disbursement or Obligation: 07/31/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

Full Name of Payee: Danielle McCoy
Mailing Address: 1025 Cayley Ct
City: High Point, State: NC, Zip Code: 27260
Purpose of Expenditure: Salary, Category/Type: 001
Amount: 65.00
Transaction ID: ffcbbd19-61a4-4ff9-8
Date of Disbursement or Obligation: 07/31/2014
Name of Federal Candidate: Ms. Kay Hagan, Support: [ ], Oppose: [X]
Office Sought: [ ] President, [X] Senate, District: 00, State: NC
Disbursement For: [ ] Primary, [X] General, [ ] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 79.70
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
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
Danielle McCoy
Mailing Address
1025 Cayley Ct
City
High Point State
NC Zip Code
27260
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
19.80
Transaction ID : 96171594-2925-4ecf-b
Date of Disbursement or Obligation
07 / 31 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Serena A Jones
Mailing Address
7151 Mullins Drive
City
Saltville State
VA Zip Code
24370
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
80.00
Transaction ID : 5f435ef7-d070-4ada-9
Date of Disbursement or Obligation
07 / 31 / 2014
Office Sought:
House District: 00
Senate State: NC
Disbursement For:
Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 99.80
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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
Serena A Jones
Mailing Address
7151 Mullins Drive
City
Saltville State
VA Zip Code
24370
Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
26.40
Transaction ID : 2b4d4cb8-6ed1-4b7f-9
Date of Disbursement or Obligation
07 / 31 / 2014
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Reagan Brackett
Mailing Address
502 E Center Ave
City
Searcy State
AR Zip Code
72143
Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
50.00
Transaction ID : 1da16840-40b2-4df5-8
Date of Disbursement or Obligation
07 / 31 / 2014
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 76.40
(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 05 / 14 / 2015
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
Reagan Brackett
Mailing Address
502 E Center Ave
City
Searcy State
AR Zip Code
72143
Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
22.74
Transaction ID : 39c7dad0-1804-4bfd-8
Date of Disbursement or Obligation
07 / 31 / 2014
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Wayne Burckel
Mailing Address
46 Glenwood Ave
City
Harahan State
LA Zip Code
70123
Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
15.00
Transaction ID : a6c7c78d-a72e-4378-8
Date of Disbursement or Obligation
07 / 31 / 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
554635.78
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 37.74
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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: Wayne Burckel
Mailing Address: 46 Glenwood Ave
City: Harahan, State: LA, Zip Code: 70123
Purpose of Expenditure: Mileage, Category/Type: 002
Date of Public Distribution/Dissemination: 07/31/2014
Amount: 0.30
Transaction ID: a777ea4f-8934-4855-8
Date of Disbursement or Obligation: 07/31/2014
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: 554635.78

Full Name of Payee: Earl Stewart
Mailing Address: 9455 Snow Camp Road
City: Snowcamp, State: NC, Zip Code: 27349
Purpose of Expenditure: Salary, Category/Type: 001
Date of Public Distribution/Dissemination: 07/31/2014
Amount: 80.00
Transaction ID: 5d5f7784-e68f-4b61-b
Date of Disbursement or Obligation: 07/31/2014
Name of Federal Candidate: Ms. Kay Hagan
Office Sought: Senate, State: NC
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 1095959.94

(a) SUBTOTAL of Itemized Independent Expenditures: 80.30
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05/14/2015
Signature

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Women Speak Out PAC</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.2em; font-weight: bold; margin-right: 5px;">C</span> 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 <b>Earl Stewart</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px;">07 / 31 / 2014</div>	
Mailing Address 9455 Snow Camp Road		Amount <div style="border: 1px solid black; padding: 2px;">3.60</div>	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : cf5afc96-30d7-46d6-a Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px;">07 / 31 / 2014</div>
Purpose of Expenditure Mileage		Category/Type <div style="border: 1px solid black; padding: 2px;">002</div>	
Name of Federal Candidate Ms. Kay Hagan		<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>NC</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">1095959.94</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Tammay Williams</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px;">07 / 31 / 2014</div>	
Mailing Address 924 N. Prieur St		Amount <div style="border: 1px solid black; padding: 2px;">60.00</div>	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 08649ae6-7f33-4183-8 Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px;">07 / 31 / 2014</div>
Purpose of Expenditure Salary		Category/Type <div style="border: 1px solid black; padding: 2px;">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;">554635.78</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	63.60
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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

  

05 / 14 / 2015



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
Tammay Williams
Mailing Address
924 N. Prieur St
City
New Orleans State
LA Zip Code
70116
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Mary L Landrieu Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
554635.78

Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
9.00
Transaction ID : c55b848a-082e-4b50-9
Date of Disbursement or Obligation
07 / 31 / 2014
Office Sought: House District: 00
Senate State: LA
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Morgan R Padgett
Mailing Address
2164 Kay Rd
City
Greenville State
NC Zip Code
27858
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 30 / 2014
Amount
15.00
Transaction ID : 95285961-ba7c-4645-9
Date of Disbursement or Obligation
07 / 30 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 24.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
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 Morgan R Padgett
Mailing Address 2164 Kay Rd
City Greenville State NC Zip Code 27858
Purpose of Expenditure Mileage Category/Type 002

Date of Public Distribution/Dissemination 07/30/2014
Amount 5.40
Transaction ID : 588a61b7-2683-498c-b
Date of Disbursement or Obligation 07/30/2014

Name of Federal Candidate Ms. Kay Hagan
Support Oppose
Office Sought: House Senate State: NC

Disbursement For: Primary General 2014
Other (specify)

Full Name of Payee Jonathan Odette
Mailing Address 9600 Earpsboro Chamblee Road
City Wendell State NC Zip Code 27591
Purpose of Expenditure Salary Category/Type 001

Date of Public Distribution/Dissemination 07/31/2014
Amount 40.00
Transaction ID : 5bb9e0c4-d490-4e2b-a
Date of Disbursement or Obligation 07/31/2014

Name of Federal Candidate Ms. Kay Hagan
Support Oppose
Office Sought: House Senate State: NC

Disbursement For: Primary General 2014
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 45.40
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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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
Jonathan Odette
Mailing Address
9600 Earpsboro Chamblee Road
City
Wendell State
NC Zip Code
27591
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Ms. Kay Hagan Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
1095959.94

Date of Public Distribution/Dissemination
07 / 31 / 2014
Amount
19.20
Transaction ID : 4f34e81d-9ad0-4ac0-a
Date of Disbursement or Obligation
07 / 31 / 2014
Office Sought: House District: 00
Senate State: NC
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Jennifer Susky
Mailing Address
1117 Shadow Lane
City
Benton State
AR Zip Code
72015
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Mr. Mark L Pryor Support
Oppose
Calendar Year-To-Date
Per Election for Office Sought
292370.62

Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
10.00
Transaction ID : ca8c6de6-0f82-45e3-b
Date of Disbursement or Obligation
07 / 28 / 2014
Office Sought: House District: 00
Senate State: AR
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 29.20
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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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 Susky
Mailing Address 1117 Shadow Lane
City Benton State AR Zip Code 72015
Purpose of Expenditure Mileage Category/Type 002
Date of Public Distribution/Dissemination 07/28/2014
Amount 1.50
Transaction ID : b0b0d657-b2f2-447d-9
Date of Disbursement or Obligation 07/28/2014
Name of Federal Candidate Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Disbursement For: Primary General 2014

Full Name of Payee
Zachary Vidrine
Mailing Address 202 Rue Des Cajun
City Ville Platte State LA Zip Code 70586
Purpose of Expenditure Salary Category/Type 001
Date of Public Distribution/Dissemination 07/28/2014
Amount 40.00
Transaction ID : 3d86b0e3-2296-4829-8
Date of Disbursement or Obligation 07/28/2014
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 41.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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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
Zachary Vidrine
Mailing Address
202 Rue Des Cajun
City
Ville Platte State
LA Zip Code
70586
Purpose of Expenditure
Mileage Category/
Type 002

Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
41.10
Transaction ID : 1af03701-8ea8-4f78-9
Date of Disbursement or Obligation
07 / 28 / 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)

Calendar Year-To-Date
Per Election for Office Sought
554635.78

Full Name of Payee
Amelia Brackett
Mailing Address
804 Roundabout Circle
City
Searcy State
AR Zip Code
72143
Purpose of Expenditure
Salary Category/
Type 001

Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
60.00
Transaction ID : 7f6a5d21-ab46-4b4c-a
Date of Disbursement or Obligation
07 / 28 / 2014

Name of Federal Candidate
Mr. Mark L Pryor
Support
Oppose
Office Sought:
House
Senate
District: 00
State: AR

Disbursement For:
Primary
General
Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
292370.62

(a) SUBTOTAL of Itemized Independent Expenditures 101.10
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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Ms. Emily Buchanan
[Electronically Filed]
Date 05 / 14 / 2015
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
Amelia Brackett
Mailing Address
804 Roundabout Circle
City
Searcy State
AR Zip Code
72143
Date of Public Distribution/Dissemination
07 / 28 / 2014
Amount
81.90
Transaction ID : b89cc174-895a-4040-b
Date of Disbursement or Obligation
07 / 28 / 2014
Purpose of Expenditure
Mileage Category/
Type 002
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate State: AR
Calendar Year-To-Date
Per Election for Office Sought
292370.62
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Morgan R Padgett
Mailing Address
2164 Kay Rd
City
Greenville State
NC Zip Code
27858
Date of Public Distribution/Dissemination
07 / 07 / 2014
Amount
20.00
Transaction ID : 0ba40639-d33f-4f80-a
Date of Disbursement or Obligation
07 / 07 / 2014
Purpose of Expenditure
Salary Category/
Type 001
Name of Federal Candidate
Ms. Kay Hagan Support Oppose
Office Sought: House Senate State: NC
Calendar Year-To-Date
Per Election for Office Sought
1095959.94
Disbursement For: Primary General
2014 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 101.90
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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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
Pound, Feinstein & Associates
Mailing Address
5614 Connecticut Ave, NW Ste 270
City
Washington State
DC Zip Code
20015
Purpose of Expenditure
Doorhangers Category/Type
004
Name of Federal Candidate
Mr. Mark L Pryor Support Oppose
Office Sought: House Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought
292370.62
Disbursement For: Primary General
2014 Other (specify)

Full Name of Payee
Mailing Address
City
State
Zip Code
Purpose of Expenditure
Category/Type
Name of Federal Candidate
Support Oppose
Office Sought: House Senate District: State:
Calendar Year-To-Date Per Election for Office Sought
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 6612.50
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 131011.28

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Emily Buchanan [Electronically Filed] Date 05 / 14 / 2015
Signature